An Exploration of Photography as a Wellness Tool for Counselors-in-Training

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Joel F. Diambra, Major Professor

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(Original signatures are on file with official student records.)
An Exploration of Photography as a Wellness Tool for Counselors-in-Training

A Dissertation Presented for the
Doctor of Philosophy
Degree
University of Tennessee, Knoxville

Charaya Chontay Upton
December 2022
Dedication

This dissertation is dedicated to all those who invest their lives as a counselor with the mindset of wanting to help make our world a better place. This dedication starts with those who engage in a graduate program with all the expectations placed on them to manage their personal, school, and professional lives, while also struggling with personal growth, financial difficulties, and challenges with mental health concerns. Next, this dissertation is dedicated to those counselors who often start their profession feeling overwhelmed by the imposter syndrome, but continue to push forward with the goal of learning to be a counselor who can effectively help others. Lastly, this is dedicated to those counselor educators (CE) who invest many hours finding new and innovative ways to engage counselors-in-training (CIT), who dedicate their time, attention, kindness, and encouragement to make sure CIT stay true to themselves and continue showing resilience and growth. I hope counselors continue doing the hard work and take time to reflect on how valuable they are in this world.
Acknowledgments

I would like to acknowledge and thank many individuals who helped me through this journey. First, my family, for being so willing to listen to me share feelings of sadness, frustration, and joy while still accepting me unconditionally. Second, my friends who have lifted my spirits in times of doubt of my abilities and encouraged me to press on. Third, to my therapist, for reminding me growth is not always easy, but it is obtainable; all it takes is the willingness to try. Lastly, a special thanks to my dissertation committee for being my cheerleaders. For challenging me to expand in ways I never knew were possible. For making sure I knew the difference between growth critiques and character critiques. I feel incredibly fortunate for my support team through this process. I started off with a 5-year-old daughter while trying to start this process, getting hit with a pandemic, adjusting to homeschooling, then trying to navigate opening my own private counseling practice. All the people mentioned above supported me to face and traverse these challenges to be the best version of myself and finish this dissertation.
Abstract

Counselors-in-training (CIT) often experience a myriad of challenges during their academic studies. From balancing time, finances, acclimating to a new environment, fears of being judged or receiving negative feedback (Patterson & Levitt, 2012; Prosek et al., 2013; Warren & Nash, 2019), CIT physical (Neviyarni et al., 2018), mental (Prosek et al., 2013), and overall wellness (Lenz et al., 2012) tend to be impacted negatively. For these reasons, Counselor Educators (CE) have used wellness models and assessments to assist in the educational journey; however, wellness practices continue to decline for both CIT and practicing counselors (Abel et al., 2012; Lenz et al., 2012; Prosek et al., 2013; Schmidt et al., 2019). Through an exploration of expressive therapies in connection with wellness, researchers have discovered creative expressive ways to engage CIT in learning about and practicing wellness (Davis et al., 2020; Hinkle & Dean, 2017; Ohrt et al., 2009; Robert & Kelly, 2010; Warren & Nash, 2019; Wilson & Ziomek-Daigle, 2013). Of these, art therapy, uses photography as an expressive wellness tool. In this study, we explored the use of photography tools (i.e., phototherapy, therapeutic and mindfulness photography, and photovoice) on CIT wellness. We share our findings and provide implications for CIT, CE and suggest next steps for future researchers.

Keywords: counselor education, wellness, photography, phototherapy, therapeutic photography, mindfulness photography, photo-voice, counselors-in-training, creativity
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Introduction

Our society is continuing to struggle with mental health issues, especially since the onset of the pandemic (Harrichand, 2021, Kahn et al., 2021). As a result, counselors are being recruited to help join forces in helping serve our communities (Harrichand, 2021). However, the dilemma with this is the increased amount of burnout from practicing counselors (Lawson, 2007). Furthermore, the focus on wellness, while is acknowledged as being the best preventor of burnout (Lawson, 2007; Harrichand, 2021), counselors are not utilizing wellness practices optimally. Reflecting on why this might be, Lawson (2007) found that the lack of wellness practices may be exacerbated due to lack of education around wellness practices. For this reason, Counselor Educators (CE) have turned towards wellness trainings through assessments and interventions to better educate and prepare counselors-in-training in (CIT) leaning and managing their wellness practices (Lawson, 2007; Lawson & Myers, 2011; Myers & Sweeney, 2005; Rachele et al., 2013; Shannonhouse et al., 2020; Smith et al., 2007). Unfortunately, research indicates despite CE best efforts at stressing the importance of wellness practices (Meyers, 2015), CIT continue to struggle in their first year in their graduate program with performance, financial stressors, balancing their schedules, and trying to navigate their different identities in their personal and professional lives (Patterson & Levit, 2012; Schmidt et al., 2019; Smith et al., 2007).

Due to the pandemic and socio political tensions, CIT have had to also quickly navigate and adjust to online learning platforms and expectations, adapt to ever changing public mask wearing mandates, determine vaccination status and safety, and reconcile public opinion and their own socio and political beliefs (Harrichand, 2021, Kahn et al., 2021). In a time when society’s overall physical and mental health is being adversely impacted (Salameh, 2020), it is
even more imperative that CIT are aware of wellness as a construct and a practice, ways to maintain their own wellness, and wellness advocacy strategies for themselves and their clients (Harrichand et al., 2021; Kaslow, 2020; Salameh, 2020).

Expressive therapy literature explores and conveys various approaches used to aid clients to develop a better understanding of wellness and wellness practices (Malchiodi, 2007; Rousseau et al., 2019; Sistig et al., 2015; Van der Kolk, 2014). Furthermore, counseling literature has shed light on how CE have used expressive therapy approaches to aid in creative learning with CIT (Davis et al., 2020; Fay et al., 2016; Hinkle & Dean, 2017; Ohrt et al., 2009; Schmidt et al., 2019; Stevens & Spears, 2009; Warren & Nash, 2019). In a recent article by Schmidt et al. (2019), the authors proposed the prospect of using photography to aid in CIT professional development. In considering professional development benefits for CIT, we wanted to explore how photography could also benefit CIT wellness. We proposed an exploratory study to see how CIT engage with photography tools to help aid and promote their wellness understanding and practices.
Chapter 1: Photography as a Wellness Tool for Counselors-in-Training
Abstract

The academic journey to become a professional counselor can be challenging for counselors-in-training (CIT), adversely affecting their physical health, mental health, and wellness. Counselor educators (CE) have recognized a need for wellness training and interventions to assist CIT during graduate school, and better prepare them for their careers. Photography is considered a tool in art therapy within the realm of expressive therapies that can be used for wellness purposes. We review wellness; CIT struggles with wellness, expressive therapies, and photography techniques to promote CIT professional development and wellness practices. We identify the history of photography tools, describe each tool more precisely, and provide examples of how they can aid CIT in addressing their health and wellness and increasing their knowledge and use of photography as a wellness tool with future clients. We discuss practice and research implications for CE and CIT.

Keywords: counselor education, wellness, photography, phototherapy, therapeutic photography, photo-voice, counselors-in-training, creativity
Photography as a Wellness Tool for Counselors-in-Training

Before the COVID-19 pandemic, counselors-in-training (CIT) often struggled with academic and programmatic expectations, financial difficulties, or physical and mental health issues in their first year (Abel et al., 2012; Lenz et al., 2012; Prosek et al., 2013; Smith et al., 2007). During their early training, some CIT have developed depression and anxiety (Prosek et al., 2013) making it more difficult for them to seek support from faculty or clinicians (Neviyarni et al., 2018) with some choosing to leave their graduate program. These problems can persist into CIT careers as clinicians, affecting them and their future clients (Lawson, 2007). CIT need to maintain their self-care and wellness practices as they are not only trying to navigate a new program but a new way of living with many pandemic related limitations, such as social distancing, masks, online learning (Harrichand, 2021).

To navigate the transition to graduate school, it is important for CIT to develop the skills in managing their wellness while juggling external expectations. As they gain clarity about their new roles and begin to acclimate to their new environment, it may become easier to focus on their wellness if prompted to do so. As research has continued to demonstrate the significance of wellness practices for CIT, counselor educators (CE) have been able to utilize wellness tools through wellness models and assessments to understand better CIT wellness knowledge and practices (Branco & Patton-Scott, 2020; Lawson & Myers, 2011; Meany-Walen, 2016; Rachele et al., 2013; Roach, 2007; Shannonhouse et al., 2020). Having such tools has been influential in helping CIT learn about and understand their wellness strengths; however, research continues to show increased physical illness and mental health struggles for CIT (Abel et al., 2012; Neviyarni et al., 2018; Prosek et al., 2013; Smith et al., 2007). While wellness tools, on paper or as digital assessments, may be useful for some, CIT could consider an alternative wellness method through
expressive therapies and photography-based tools that engage visual and kinesthetic learners using creative approaches.

Expressive therapies have been shown to aid CIT in their wellness practices and enhance their learning outcomes (Davis et al., 2020; Hinkle & Dean, 2017; Ohrt et al., 2009; Robert & Kelly, 2010; Warren & Nash, 2019; Wilson & Ziomek-Daigle, 2013). Each expressive therapy model comes with unique tools and techniques that CIT can use independently to assist with their wellness practices. For example, in art therapy, counselors often use drawings and photographs to communicate meaning-making with clients (Malchiodi, 2015). In counseling programs, CE have used art therapy tools including drawings and photographs to assist in CIT learning outcomes (Warren & Nash, 2019) and may provide benefit for CIT physical and mental health as well as their overall growth (Schmidt et al., 2019).

The purpose of this article is to formulate an approach to CIT wellness that can be integrated into the graduate program that supports personal and professional growth and development. The following sections provide a review of the wellness literature and use of expressive therapies with a focus on specific photography applications as tools to aid CIT in adjusting to and successfully completing their graduate training. This approach may assist CIT in understanding how photography tools help them in identifying their own wellness practices and applying this knowledge in their practice as future counselors.

The Importance of Wellness for Counselors-in-Training

Wellness is a philosophical underpinning and significant component of both counseling and counselor education (Harrichand, 2021). Since the start of the COVID-19 pandemic, many people have experienced an increase in mental and physical illness (Salameh, 2020) leading to increased pressure and workload on medical and behavioral health providers (Kaslow, 2020). As
the demand for counseling grows, so does the importance of wellness knowledge and practices for clients, counselors, and CIT (Harrichand, 2021). This includes wellness from culturally diverse lenses. With consideration for the increasing growth of intersectionality and diversity within our society, counselors and CE are called to be more culturally sensitive, competent, and aware of ways to research more intentionally to empirically represent diversity which include education, age, race, culture, religion, gender identity, sexuality, ability, social class, and country of origin (Sharma et al., 2021) as wellness is experienced differently by each individual (Broadbridge Legge Linklater, 2011). For this article, we adopt Myers et al. (2000) definition of wellness as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community" (p. 252). Wellness is an integral part of the counseling profession (Kaplan et al., 2014) and permeates educational and ethical standards (American Counseling Association [ACA], 2014; Ambrose, 2020; Borders et al., 2012; Association for Counselor Education and Supervision [ACES], 2011; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016; Harrichand, 2021). A broad view of wellness includes an understanding of the world, emotional stability, stress management, and identity with the influence these facets have on work and relationships (Myers & Sweeney, 2008).

Models of wellness have evolved over the years and reflect a deepening understanding of what influences our health across a variety of life domains. Of particular note in the counseling literature is The Wheel of Wellness (Myers et al., 2000) and The Indivisible Self (Myers & Sweeney, 2004) that highlight the connection between the self and external factors, such as graduate school, influencing one’s quality of life and thus one’s health. The Five Factor Wellness Inventory (developed specifically to assess wellness) is prevalent as well and has been used by
several previous studies in the research (Myers & Sweeney, 2005; Rachele et al., 2013). The Wheel of Wellness (see Appendix F) is grounded in Adlerian theory, which contends that healthy humans strive to accomplish three primary life tasks: friendship, work, and love (Myers et al., 2000). In addition to these life tasks, Myers and Sweeney (2004) include the concepts of self and spirit to assimilate wellness more thoroughly with Adlerian theory. The Wheel of Wellness is presented through five main life tasks and 12 subtasks as a sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem-solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity (Myers & Sweeney, 2000). For many CIT, managing all these different aspects within wellness while acclimating to a new program can be challenging (Lenz et al., 2012), especially during a pandemic (Harrichand, 2021).

Despite its importance, new counseling students may struggle to maintain a reasonable degree of wellness. New CIT struggle with poor time management, financial stressors, and difficulty balancing their personal and professional lives (Patterson & Levitt, 2012). In addition, program expectations for self-reflection may leave CIT open to reexperiencing past trauma or mental health symptoms (Prosek et al., 2013), and ongoing feedback can be difficult for CIT who may not be open to it (Warren & Nash, 2019). When CIT feel uncomfortable communicating with or lacking trust in faculty, they experience additional stress which may inhibit their learning outcomes (Neviyarni et al., 2018). The physical symptoms of stress, including headaches, irregular sleep, insomnia, and back pain (Neviyarni et al., 2018) further reduce CIT learning capacity. As CIT engage with clients during field experiences, they may experience burnout through struggling to build rapport, feeling hesitant to seeing clients, avoiding emotionally charged issues, and being unable or unwilling to experience the therapeutic process with clients.
By focusing on prevention and intervention practices for wellness during graduate school, CE may help CIT reduce fatigue and burnout (Harrichand et al., 2017; Harrichand et al., 2021; Lawson, 2007; Schmidt et al., 2019). As CE further integrate wellness into their curriculum, they are introducing CIT to wellness activities for themselves and their future clients (Harrichand, 2021; Lenz et al., 2012). An explicit focus on integrating wellness practices into counselor education can help CIT understand and apply these practices throughout their careers (Smith et al., 2007). Creative approaches to learning (Fink, 2013) and expressive therapies can engage the learning experience and CIT wellness practices (Schmidt et al., 2019; Warren & Nash, 2019).

**Expressive Therapies in Counseling**

Each person is unique in understanding and expressing themselves, and expressive therapies allow for therapeutic creativity to meet individual needs. Expressive therapies can include tactile methods, sound, music, visual, and written mediums (Malchiodi, 2007). Malchiodi (2007) defines expressive therapies as “the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation, or healthcare” (p.2). One therapeutic approach called Acceptance Commitment Therapy (ACT; Hayes et al., 2006; Hayes et al., 2012; Stoddard & Afari, 2014) includes creative forms of expression, like metaphors, to help clients process experiences when words alone may not be sufficient. Other expressive therapies include play therapy (Cochran et al., 2010), sand tray therapy (Anekstein et al., 2014), and yoga (Harper, 2014). Expressive therapies can aid clients in dealing with trauma (Rousseau et al., 2019; Sistig et al., 2015; Van der Kolk, 2014),
addressing self-image (Muller-Pinget et al., 2012), improving social skills (Lige, 2011; Thompson & McFerran, 2015; Singh, 2018), increasing self-awareness and self-understanding, and enhancing communication (Goldberg & Stephenon, 2016; Ivey et al., 2010; Symington, 2012; Wagener, 2017).

As part of the counselor education curriculum, expressive therapies can be both wellness-focused and educational (Hinkle & Dean, 2017) in providing CIT with myriad benefits through improved self-awareness and reflection (Davis et al., 2020; Hinkle & Dean, 2017; Warren & Nash, 2019), multicultural awareness (Schmidt et al., 2019; Stevens & Spears, 2009), and the development of personal and professional identities (Busacca et al., 2010; Hinkle & Dean, 2017; Schmidt et al., 2019). Assisting CIT in developing more awareness of their personal and professional roles helps enhance their overall wellness and abilities to learn and grow (Hinkle & Dean, 2017) and fits into a genre that some students are open to as well as developing confidence and competence to use them with their clients (Fay et al., 2016). Photography consolidates client identity into a projective and expressive medium through which they can vicariously examine, conceptualize, and understand themselves. Role-play is also an expressive (Hinkle & Dean, 2017) and projective medium; therefore the use of projective and expressive exercises has already been successfully used in counselor education to foster self-interconnectedness.

Warren and Nash (2019) reported that creativity within experiential teaching helps promote connection to both content of skills and learning outcomes when CIT drew pictures with their family to help foster a discussion about feelings and empathy awareness. Building on this work of Warren and Nash (2019), future researchers may consider augmenting drawing with family to taking photos with family and using those photographs as the discussion medium to promote feeling awareness. In another study by Hinkle and Dean (2017), they used expressive
therapies of drama, psychodrama, and role-plays to increase CIT ability to conceptualize cases. These creative forms of learning helped promote CIT self-awareness, professional identity, multicultural awareness while enhancing empathy and emotional understanding towards self, others, and social injustices (Hinkle & Dean, 2017).

Schmidt et al. (2019) provided four photography activities for CIT professional growth and development. “Capturing Emotions” builds from Robert and Kelly’s (2010) use of metaphors for CIT professional development. “New Perspectives” helps CIT see an object or situation from various angles. “Through Different Lenses” helps CIT identify with different roles, such as taking the perspective of their client. “View Finder” incorporates Photovoice to help CIT explore how each person experiences their communities in different ways.

Photography is a common tool used in art therapies (Malchiodi, 2007; Weiser, 2001) and counselor education classes (Schmidt et al., 2019; Warren & Nash, 2019) to engage in emotion or thought-focused discussions through symbolism (Warren & Nash, 2019) and metaphors (Robert & Kelly, 2010; Schmidt et al., 2019).

**Photography Tools in Expressive Therapies**

The word photography was derived from the Greek words *phos* (photos) meaning “light” and *graphe* meaning “drawing or writing.” In 1839, Sir John Herschel coined its initial definition as “drawing with light” (Young, 2017). Photographs have been used for almost 200 years to “freeze time” and capture memories across time (Weiser, 2001) and is an art form in which most people are capable of engaging. We keep photos in our homes on display and use cameras to capture special occasions like weddings, childbirths, birthdays, and holidays. The use of photographs has expanded with digital images and accessibility using Smartphones. People use photos on social media platforms (e.g., Facebook, Twitter, Snapchat, Instagram); in ads; and on
phones, computers, and other devices (Loewenthal, 2013). When people take photos, the images can often hold special meaning and emotions. Thus, the loss of a photograph can also elicit strong feelings from the individual who took it. Like the events, moments, and feelings they encompass, these images carry a variety of meanings and interpretations to each individual who views them. Photos can have neurobiological benefits for individuals as well (Stevens & Spears, 2009). Photographs engage both hemispheres of the brain: the right brain with sensations, nonverbal meanings of words, and images; the left-brain processing language, determining sequences of events, and conscious attention (Stevens & Spears, 2009).

**Photography**

Photography's use in the helping profession was substantial between 1863 and 1993, originally being used to help identify hysteria among patients (Stevens & Spears, 2009). Charles Darwin used photos for analyzing facial expressions to identify emotions (Stevens & Spears, 2009), while Freud used photographs as a cautionary tale to other practitioners to depict healthy presenting clients versus those who were depressed (Loewenthal, 2013). Later, Paulo Friere, a Brazilian philosopher and educator, used photographs to represent people's communities to promote critical thinking about political and social forces that were impacting their community, thus contributing to the use of Photovoice (Wang & Burris, 2016).

In the 1970s, the term Phototherapy was first used as people discovered the power and influence a photo could have on individuals and communities (Weiser, 2001). Clinicians began using photographs as a self-exploration tool in therapy and used pictures to access the individual's worldviews. In 1977, a *Psychology Today* author posted a request asking readers who were using photography in their therapy or counseling to contact them. Over 200 people responded, leading to the formation of the *Phototherapy Quarterly Journal* (Weiser, 2001). In
May of 1979, the first conference on Phototherapy was held in Dekalb, Illinois. The International Phototherapy Association came together a year later to spread awareness of using photos and taking photos in the therapeutic setting (Weiser, 2001). After roughly seven years, applications for using photography began being published in journals and across disciplines, including psychiatry, psychology, art therapy, social work, and similar others, such as counseling (Weiser, n.d). As photography became more integrated within multiple fields, the International Phototherapy Association dissolved, and the *Phototherapy Quarterly Journal* ended its publications (Weiser, 2001). David Krauss, Jerry Fryrear, and Judy Weiser are among the first to discuss photo-based techniques such as Phototherapy and Therapeutic Photography (Weiser, 2001). Together, they research photo-based techniques, teach about using photos in practice, and host conferences on Phototherapy and Therapeutic Photography (Loewenthal, 2013; Weiser, 2001).

The use of expressive therapies is now widely accepted and formally credentialed. For example, you can become a Registered Expressive Arts Therapist (REAT) with proper training. Students can pursue a degree specifically in expressive therapies, such as Art or Music Therapy. In contrast, photography and the applications within Therapeutic Photography and Photovoice do not require any specialized training or degree. These techniques are readily available to anyone who seeks to learn more about them. Currently, CACREP does not require these topics to be taught; however, some programs do offer courses in expressive arts as electives. In some of these elective courses, CIT may have the opportunity to learn about Art Therapy and the potential benefits of incorporating photography into their wellness practices. With the history around these photography tools (Phototherapy, Therapeutic Photography, Photovoice) and how they have
been used by clinicians, CIT would benefit from knowledge on how to use these tools in their personal lives as well as using them to assist their clients in a clinical setting.

Photographs are not only used for capturing memories but are also a strong catalyst for provoking thoughts and emotions from individuals viewing them (Ginicola et al., 2012; Loewenthal, 2013; Schmidt et al., 2019; Stevens & Spears, 2009; Weiser, 2001). They serve as a medium for us to express our worldview or perspective on an experience and have a healing capacity by allowing clients to express emotions and experiences through a visual format and see their photos from different perspectives (Weiser, 2001). The image can enable the individual to reflect upon, examine, and discover a more profound meaning towards the photograph and their lived experiences (Schmidt et al., 2019; Stevens & Spears, 2009; Weiser, 2001). Photographs are often used as a tool within art therapy, aiding in the treatment process for a variety of mental health issues for clients of all ages (Ginicola et al., 2012; Weiser, 2001) and various populations through individual counseling, group work, and couples counseling (Ginicola et al., 2012; Stevens & Spears, 2009).

**Phototherapy**

Phototherapy is traditionally used in a clinical setting with a trained counselor where both the client and counselor discuss or analyze the meaning behind a photo. Weiser (2001) defined Phototherapy as "the use of photography and personal snapshots within the framework of therapeutic practice, where trained mental health professionals use these techniques when counseling clients" (p.11). Counselors use Phototherapy to better connect and communicate with their clients’ using photographs. It helps serve as a bridge between two people's perceived realities and can hold emotional power for the individuals viewing them. Photos can also provide helpful insight as a window into who that person is, their values, and how they describe the
photography (Weiser, 2001). For instance, a counseling student may take a photo of a tree in the park. To CE, the tree may look like many other trees and hold no meaning to them. However, that photo may serve as a visual representation of a favorite place for the counseling student to relax by illustrating security, calmness, and safety to the student. When engaging in conversations with the student about the photo, the CE may uncover the meaning of the tree and how that particular tree and location holds a place of comfort to the student. Furthermore, the photo may serve as a medium for communication between the student and the CE and may reduce the student’s anxiety or stress in conversations with faculty as the focus is not directly on the student but on the photograph. Stevens and Spears (2009) noted various studies that have demonstrated how photographs are a useful tool in early sessions with counselors and clients to help break the tension, reduce anxiety, and lower the stress that comes with beginning a new relationship.

Phototherapy aims to help connect the unconscious with the uncensored consciousness using the photo as a catalyst for more in-depth communication and explanation of meaning (Weiser, 2001). When a client experiences trauma, their amygdala sends a warning signal throughout the body and increases the body’s adrenaline; the hippocampus where the brain typically stores memories may not function effectively and may cause a lapse in memory. When someone looks at a photograph of a traumatic event, they may not find the words to describe the traumatic event due to the missing memory, but they may still have an emotional response (Weiser, 2001). When a client is not able to express themselves in words, a photograph can provide a useful medium in sharing thoughts, feelings, or experiences (Weiser, 2001).

Phototherapy includes five leading photo-based therapeutic techniques counselors often use to help their clients (Loewenthal, 2013; Weiser, 2004, 2008). One technique is using photos which have been created or taken by the clients using a camera or collecting images from other
sources. Another is using photos taken by other people of the client to help the client process how others see them. These are photos where other people capture the client’s image without their knowledge and have made decisions about the timing, location, and content. A third technique is using clients’ self-portraits that are client-made photos metaphorically or literally, where the client has complete control over all aspects of the image. A fourth technique is using clients’ photo-biographical collections or family albums that are typically composed for documentation purposes telling a narrative of the client’s life. This technique can also be used as a systemic approach to help clients see themselves within their family system or worldly systems such as one’s social system, school system, and work system. The fifth technique is using clients’ photo-projective interactions where the client creates the meaning during the process of taking, looking at, or even planning to take the photo.

Using these techniques in counseling help reinforce the therapeutic relationship by allowing counselors and clients to engage in conversations about the photo while exploring clients’ narratives by reconstructing memories (Stevens & Spears, 2009; Weiser, 2001). Counselors asking open-ended questions (Stevens & Spears, 2009) and photo-stimulated questions (Weiser, 2001) can also expand the depth of conversation around the photo with their clients. Counselors and CE are cautioned not to assign their own meaning when exploring photos or listening to clients’ or CIT descriptions of photos. Referring to the previous example with the student presenting the CE with a photograph of a tree; the student might describe the tree as their calm place while the CE may impose their reality of the tree having no meaning onto the student, thus invalidating the meaning of the photo to the student. By allowing the client or student to interpret the photo, the counselor gains more insight into the client’s perspectives and worldviews.
Having open discussions about photographs provides clients and CIT an opportunity to engage therapeutically in a dialog of how they perceive their identities, worldviews, and the meaning behind them. Lastly, counselors and CIT can use the photos and processing conversations to identify themes, repeated patterns, unique content, consistencies and inconsistencies, or symbolic information (e.g., CIT consistently brings photographs of trees to represent their wellness). Using photos to elicit therapeutic conversations can benefit the client and CIT through self-exploration and processing, and the counselor or CE by providing a visual medium for understanding the student or clients’ worldview (Weiser, 2001).

**Therapeutic Photography and Photovoice**

Phototherapy is primarily about reviewing photographs in counseling; using Therapeutic Photography and Photovoice are more intended for the client to use outside of sessions as photos being an assigned therapeutic experience (Wang & Burris, 2016; Weiser, 2001). Therapeutic Photography and Photovoice are action-oriented activities that encourage clients to go out into their worlds and be intentional about taking photos that do not require a counselor (Weiser, 2001). Although the terms Therapeutic Photography and Photovoice are often used interchangeably, there is a slight difference between actions and origins. Therapeutic Photography is taking a photo and being present and intentional about self-exploration through the camera's lens (Weiser, 2001). In contrast, Photovoice is a two-step process of taking a photo and including a comment or description of the photo (Koltz et al., 2010; Wang & Burris, 2016). In counseling, a counselor might suggest Therapeutic Photography as a tool to help clients focus on a specific aspect of their lives outside of the counseling session. Perhaps a client has been experiencing depression with low motivation to get outside. The counselor might encourage the client to take one outdoor photo each day to get the client out of the house. In the next session,
these photos could provide the focus for Phototherapy: a review of the (outdoor) experience of capturing the photos, the story and explanations behind the photos, and why the client chose those pictures and what they represent to them. This could be taken further using Photovoice, in which these photos are paired with a written story or reflections. Doing so may provide deeper insight or information regarding the clients living circumstances or even factors that require or need advocacy.

To be more specific about Therapeutic Photography, the client-directed actions of taking a photo can be therapeutic as it requires the individual to be present and in-the-moment (Weiser, 2001). By intentionally taking photos, the photo’s self-initiated activity can serve as a self-discovery tool for clients to identify their world around them from a different perspective (Weiser, 2001). For example, when someone wakes up and gets ready for the day, they are not always paying attention to their surroundings. Perhaps they are on autopilot in grooming, getting breakfast, then driving to work. These routines can often cause people to get distracted or lost in thoughts instead of being present and absorbing the world around them. Clients can practice Therapeutic Photography by intentionally taking a moment to pause their routine, take in the world around them, and capture a photo. By doing so, they may notice things that they otherwise may have missed, like the smell, taste, and visual display of their breakfast, or perhaps seeing and smelling a flower they may have missed due to being distracted. With Therapeutic Photography, the clients are capturing photographs through self-initiation, photo-based experiences, and activities. These activities are done to self-explore and explicitly for themselves and not others (Weiser, 2004).

Photovoice is an action-oriented approach or methodology developed by Wang and Burris (2016). It is often used to highlight oppression, marginalization, or used with silenced
groups in the political arena. The main difference is that Photovoice generally has a reflection paired with it, whereas Therapeutic Photography does not. Photovoice is defined as "a process by which people can identify, represent, and enhance their community through a specific photographic technique" (Wang & Burris, 2016, p.1). Wang and Burris (2016) describe how Chinese Village women first used Photovoice as an agent of change to improve their living quality. Initially, researchers (Li et al., 2001) tried to understand rural populations' health development using photos and descriptions to gain data. Women from 50 natural villages in China began a “photo novella project, later, renamed photovoice” (p.283). They were instructed to “use cameras to record their health and work realities, and to express their own concerns and aspirations” (p.283). The researchers then analyzed the photos and the reflections to create a plan for change (Li et al., 2001). This Photovoice method has continued to grow as an advocacy tool for social injustices and has aided in research efforts.

Photovoice is helpful as anyone with access to a photo-taking device can capture a picture and write or discuss what that photo means to them. In research, Photovoice is a visual representation of participants’ experience (Stack & Wang, 2018). It can be beneficial for researchers as it produces immediate data on an individual's cultural experiences and the study's topic (Koltz et al., 2010). There are three stages to using Photovoice as a research method as it requires an intentional reflection process (Koltz et al., 2010; Wang & Burris, 2016). The first stage involves selecting photos or enabling people to capture photos and reflect on their community's strengths and weaknesses. The second stage is contextualizing the photos or creating dialogue about important issues around the photos. The third stage is codifying the photos and reaching policymakers. Photovoice, like Therapeutic Photography, is a tool that can help to spread awareness of individual realities with intentionality, self-exploration, and by
serving as a change agent allowing the person who has taken the photo to share their lived experience with others in a meaningful way (Wang & Burris, 2016; Weiser, 2004).

The act of using Therapeutic Photography or Photovoice does not require a trained counselor as anyone who is able and has access to photo-taking devices can engage in these activities and still receive the benefits (Loewenthal, 2013; Weiser, 2001). The work produced also does not have to meet any specific standards as the photos are not up for evaluation or criticism but more so for interpretation by the photographer. The CIT that goes out and takes a picture of a tree might do so because that tree is symbolic to them. While the student may not be a trained photographer, they can still intentionally take photos of this special place. When reviewing that photo with a CE, the CE may incorporate Therapeutic Photography to intentionally capture their wellness practices (such as resting under that same tree symbolized by a peaceful picture of it.) Along with Therapeutic Photography counselors or CE may facilitate Photovoice to go even further, as it has been shown to serve as an agent for change for political, personal, or social situations (Koltz, et al., 2010; Weiser, 2004).

Applications of Photography Tools & Wellness

Using the photo-based tools of Phototherapy, Therapeutic Photography, and Photovoice, CIT are able to explore their world through a visual format. Like in counseling, photos can be an excellent tool for accessing emotions and thoughts where words may not always be available, such as when they experienced a trauma and are unable to recall those lost memories. Using photography as a medium for communication between CIT and CE and making wellness a conscious component of their day-to-day, CIT can use photos to help explore their values and wellness practices. By being intentional about using photography as a wellness tool, we propose that that CIT will be more mindful about maintaining these practices to prevent burnout and
promote professional identity and personal growth, thus increasing their learning outcomes. Another potential benefit of using photography as a wellness tool may be the relationship growth between themselves and their faculty and peers as the photo becomes the communication medium. Having the photo as a medium may be less stressful as CIT would be receiving less direct feedback, which is a struggle for CIT with the fear of negative feedback or judgment from faculty or peers (Neviyarni, 2018; Patterson & Levitt, 2012). Having a visual medium to help elicit conversations may increase comfort and adjustment to the counseling program environment. Building on the research of Schmidt et al. (2019) of using photography activities to promote personal development and professional identity for CIT, photography tools such as Phototherapy, Therapeutic Photography, or Photovoice may also be used to help promote CIT wellness understanding and practices.

**A Proposed Activity Using Photography to Promote Wellness**

Using photography as a creative method for engaging diverse learners can help CE build relationships with CIT from a nonjudgmental stance. As mentioned earlier, CIT often struggle with communicating thoughts and emotions to faculty and may experience a decrease in the frequency of wellness practices after receiving negative feedback (Neviyarni, 2018; Patterson & Levitt, 2012; Warren & Nash, 2019). Counselor educators can better understand their students' wellness practices through their described worldviews by using a photograph as a visual medium for promoting meaningful conversations. Counselor educators can prepare CIT on the intentions behind the photo-based activities by providing examples of expectations, such as

This activity promotes understanding of self and others and helps serve as an alternative communication tool. It is not graded and will not be judged based on quality or choice of
photo. The objective is to help you and your clients understand the power behind the way you see the world and what stands out to you through a medium of a photograph.

In this activity, CIT can use photos to capture their wellness practices to promote better self-awareness of which wellness practices they are using and those they may want to improve on or do more. The Wheel of Wellness (Myers & Sweeney, 2000) includes 12 “spokes”: Gender Identity, Cultural Identity, Sense of Worth, Sense of Control, Realistic Beliefs, Emotional Awareness and Coping, Problem Solving and Creativity, Sense of Humor, Nutrition, Exercise, Self-Care, and Stress management. Counselor educators could assign a wellness project during one of their courses. This project could have CIT take photos of each section of The Wheel of Wellness over the semester. A traditional course may be a total of 15 weeks. Since there are 12 spokes, CE may have CIT spend each week focusing and taking photos of one spoke, then progress to the next spoke the next week until they have completed all 12 spokes with photos and reflections. On week 13, CIT can begin collecting their photos and reflections over the semester and either discuss them collectively in class or compose a written overall reflection paper on the process and insights gained into their wellness practices through photography.

Through this activity, CIT will be engaged in Therapeutic Photography (taking the photos as a self-exploration tool), Photovoice (adding reflections to those photos), and will process their experience (possibly showing their photos) in the form of Phototherapy (deriving meaning from the photos). Combining photography tools with wellness practices may help expand CIT knowledge of wellness and how they manage their wellness practices.

**Implications for Counselors**

While research has already demonstrated effectiveness in using expressive therapies (Fay et al., 2016; Goldberg & Stephenson, 2016; Ginicola et al., 2012) and photography tools in
counseling clients (Loewenthal, 2013; Weiser, 2001, Weiser, 2004), there could also be implications for counselors who practice these photography tools in their personal lives. Many counselors already engage in Phototherapy, Therapeutic Photography, and Photovoice with their clients to help provide emotional awareness and improve self-advocacy efforts, but little to no research has been done on their personal uses of these approaches to help promote their own emotional and wellness awareness. This is worth exploring as research conducted has demonstrated counselor’s struggle to maintain personal wellness practices (Harrichand et al., 2021; Lawson, 2007; Lawson, 2011). If taught about applying photography as a wellness tool in their graduate program, they may continue using it to maintain their wellness practices once working in the profession. Possible implications with CIT, which will be examined by this study, for using Phototherapy with their clients in internship and utilizing the photography tools in their own lives for wellness practices may influence site supervisors to adjust and experiment with photography practices in their personal lives.

**Future Research**

There are some considerations CE will need to be mindful of with these photo-based activities and tools including areas that future research may examine. Some CIT may not be receptive to creative practices such as expressive therapies or photo-based techniques (Fay et al., 2016; Schmidt et al., 2019; Wilson & Ziomek-Daigle, 2013). They may be hesitant to explore or may even be opposed to doing the activities. Research has demonstrated that when exposed to expressive therapy practices and using expressive therapy tools with clients, CIT tend to be more receptive to applying expressive therapies in their professional work and even gaining an appreciate for the expressive therapy tools (Fay et al., 2016; Wilson & Ziomek-Daigle, 2013). However, not every student will be interested or willing to use them. Some may show...
ambivalence in participating or fear not using the tools properly (Wilson & Ziomek-Daigle, 2013). Since capturing and displaying photos is an activity that could be used in future studies, students may have feelings of vulnerability, making it is essential for CE to fully explain that there is no right or wrong aspect to the activity (Schmidt et al., 2019; Weiser, 2001).

In future studies, CE may want to talk with CIT who are hesitant to this communication form of using expressive therapies or photography tools. Conversations provide the potential for expanding the understanding of how clients may perceive these activities and how individuals communicate differently. As CIT, they may want to learn how to communicate with clients who struggle with words but excel in expressive therapies, even if they are not something they prefer (Schmidt et al., 2019).

Future studies could also further investigate how these different photography tools paired with wellness impact CIT wellness understandings and practices and learning outcomes. Like drama, psychodrama, and role-plays, future researchers may be interested in investigating whether photography tools have similar results for CIT personal growth and case conceptualization abilities. Furthermore, researchers could investigate pairing photography with CIT understanding their different wellness categories for greater self-exploration and self-awareness by using Schmidt et al. (2019) activities: “Capturing emotions” to identify CIT emotions related to a specific wellness spoke or category; “New Perspectives” so that CIT can understand how their wellness practices could be performed in different ways; “Through Different Lenses” as CIT attempt to identify perspectives of their peers, faculty, or clients' wellness practices; and “View Finder” where CIT view other students' wellness practice photos and engage in discussions about various wellness practices.
Studies may include observing change over time with the wellness categories shifting as CIT navigate through the different stages of their program. Perhaps in their first semester, a qualitative study could be conducted to see how CIT identify with practicing the various spokes of the Wheel of Wellness. Later, researchers may be interested if CIT wellness practices are more robust or more active in the beginning or near the end of their program through comparing photos with reflections (Photovoice) at the start and end of their academic journey.

Conclusion

Counselor’s value wellness; however, many believe that CIT need more training in self-care and wellness practices. While there are models and methods currently used by CE to help assist CIT understanding of wellness practices, alternative methods may further promote wellness maintenance. Creativity, expressive therapies, and photography are valuable tools in stimulating conversations about the challenges that come from being a CIT (Schmidt et al., 2019). By engaging in photography activities connected to wellness, CIT will learn techniques to broaden their self-awareness of wellness practices and can use with their clients. They will be encouraged to reflect on their wellness understandings and practices and identify new ways to communicate their world views with their peers and faculty. These activities will promote more in-depth conversations of meaning and provide the potential for learning opportunities in exploring others' cultural and personal worldviews through a visual format.
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Chapter 2: Counselors-in-Training Wellness Practices Through the Lens of Photography
Abstract

Wellness is the cornerstone of counseling and is often difficult to practice, especially for counselors-in-training (CIT) who may not fully understand or manage their wellness. It is essential to educate CIT on wellness and provide experiential practice to mitigate stressors that may be a part of the training program. Counselor educators (CE) have used wellness models and assessments to assist in these educational tasks; however, wellness practices continue to decline for both CIT and practicing counselors (Abel et al., 2012; Lenz et al., 2012; Prosek et al., 2013; Schmidt et al., 2019). Therefore, this qualitative arts-based research (ABR; Leavy, 2017) was conducted to explore the impact of expressive arts on understanding and supporting CIT wellness practices by using photography tools. Participants took photos of selected spokes from the Wheel of Wellness (Myers et al., 2000) and engaged in structured self-reflection. The findings indicated that all CIT had positive feelings while taking the photos and reflecting on them. They also developed more awareness and structured reflections on their strengths and weaknesses pertaining to their wellness practices. They were motivated to do more to promote wellness in their lives. Findings also showed CIT gravitated toward emotional awareness and coping more than any other spoke on the Wheel of Wellness, with most of their photos indicating nature as their chosen wellness description of a photograph. These findings can serve as a foundation for future research in pairing photography tools with wellness practices for CIT, CE, and counseling clients.

Keywords: counselor education, wellness, photography, phototherapy, therapeutic photography, mindfulness photography, photovoice, counselors-in-training, creativity
Counselors-in-Training Wellness Practices Through the Lens of Photography

As a foundation for sustained health and well-being, counselors-in-training have been encouraged to practice wellness for themselves, endorse wellness for their clients, and promote wellness within the profession (Harrichand et al., 2021). However, researchers (Lawson, 2007; Lawson & Myers, 2011) have established that our efforts have been moderately successful. Meyers (2015) suggested that, while clients are encouraged to implement wellness strategies, counselors do not always do the same for themselves. Counseling researchers have developed models and used tools, such as the Wheel of Wellness (Myers et al., 2000), the Indivisible Self (Myers & Sweeney, 2004b), Five-Factor Wellness Inventory (5F-WEL; Myers & Sweeney, 2004a), and Wellness Model of Supervision (WELMS; Lenz et al., 2012), to better aid the efforts in understanding and providing wellness practices for counselors (Myers & Sweeney, 2005; Rachele et al., 2013; Shannonhouse et al., 2020; Smith et al., 2007). Unfortunately, counselors are still experiencing a suboptimum state of well-being, including burnout, vicarious trauma, and inadequate wellness practices that can negatively impact their work with clients (Lawson, 2007).

One potential way to prevent practicing counselors from experiencing increased burnout and poor wellness practices is through intentional actions to assist counselors-in-training (CIT) in understanding and developing healthy wellness practices as part of their graduate training program (Lawson, 2007). It is common for CIT to experience challenges when transitioning to a counseling program (Schmidt et al., 2019), and they often struggle with poor time management, difficulty balancing their personal and professional lives, and financial stressors (Patterson & Levitt, 2012). For this reason, counselor educators (CE) need to promote an understanding of wellness and institute wellness practices for CIT that can mitigate these challenges and stressors.
(Lawson, 2007; Lenz et al., 2012; Myers & Sweeney, 2004b; Schmidt et al., 2019; Smith et al., 2007).

While wellness practices have been demonstrated to be effective, CIT are still struggling with physical and mental health problems as they transition into their first year of a graduate counseling program (Abel et al., 2012; Lenz et al., 2012; Prosek et al., 2013; Schmidt et al., 2019; Smith et al., 2007). Furthermore, standardized assessments for understanding wellness practices do not always consider CIT preferred learning styles. Some CIT may find that the expressive arts approach better suits their learning needs, especially if verbal communication is a struggle. Other researchers have found the use of various expressive therapies aid CIT in their wellness practices as well as enhances their learning outcomes (Davis et al., 2020; Hinkle & Dean, 2017; Ohrt et al., 2009; Robert & Kelly, 2010; Warren & Nash, 2019; Wilson & Ziomek-Daigle, 2013).

One component of expressive therapies is art therapy. Using visual aids to help express oneself, such as drawings, paintings, pottery, and photography, are considered forms of art therapy. Art therapy has been effective in assisting CIT to engage in learning material (Schmidt et al., 2019; Warren & Nash, 2019), such as applying art to understanding their emotions towards multiculturalism, theoretical orientations, case conceptualizations, and other similar required course content. Photography is considered a tool in art therapy with demonstrated benefits to support CIT in their personal and professional identity development through self-reflection, communication, and overall growth (Schmidt et al., 2019; Weiser, 2001). Schmidt et al. (2019) describe self-reflection as crucial for CIT and their integration of personal and professional identity development. Photography applications include phototherapy, therapeutic photography (Weiser, 2001), photovoice (Wang & Burris, 2016), and mindfulness photography (Sutton, 2021).
to help promote self-discovery, self-awareness, and self-expression. Counselor educators may also find benefits from using photography tools to help promote wellness in CIT. Since photography can serve as a tool for helping foster growth and self-exploration, CIT may find taking photos of different areas of wellness in their life based on the Wheel of Wellness (Myers et al., 2000) insightful and educational to their development and future practices as counselors. Therefore, we conducted a study to explore the impact photography tools have in promoting CIT wellness awareness and practices.

**Wellness**

Even before the COVID-19 pandemic, some CIT struggled in their first year with physical and mental health issues that impacted their overall well-being (Abel et al., 2012; Lenz et al., 2012; Prosek et al., 2013; Schmidt et al., 2019; Smith et al., 2007). Since the pandemic, there has been an increase in these issues (Harrichand et al., 2021; Kaslow, 2020; Salameh, 2020), emphasizing the pertinence of self-care for CIT. Stress has notably increased given the challenges associated with the pandemic, including learning to provide telehealth while also learning online and CE learning how to teach online for the first time (Harrichand et al., 2021). With these added stressors, CIT are still trying to manage their personal lives, education, and jobs. An emphasis on wellness is essential for CIT as they learn and prepare to become professional counselors.

According to Myers et al. (2000), wellness is "a way of life oriented toward optimal health and well-being in which the individual integrates body, mind, and spirit to live more fully within the human and natural community" (p. 252). The profession’s definition of counseling as stated in the Code of Ethics (American Counseling Association [ACA], 2014) is “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental
health, wellness, education, and career goals” (p. 20). Further, wellness is embedded within the curriculum of accredited counseling programs (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2015). Plus, there have been recent developments with Counselor Wellness Competencies to help provide concrete guidance to counselors to increase competence, well-being, and enhance overall wellness (Gibson et al., 2021).

Counselor educators have used many tools to assess their students’ understanding of wellness (Branco & Patton-Scott, 2020; Lawson, 2011; Meany-Walen, 2016; Myers & Sweeney, 2000; Roach, 2007). One model is the Wheel of Wellness (Myers & Sweeney, 2000; see Figure 1). This model is a diagram of five main life tasks broken down into 12 subtasks or spokes that include emotional awareness and coping, a sense of control, a sense of humor, realistic beliefs, self-care, sense of worth, exercise, nutrition, problem-solving and creativity, gender identity, stress management, and cultural identity (Myers & Sweeney, 2000). In the creation of the Wheel of Wellness, the creators included cultural identity, as wellness is universal and effects various cultural identities (Myers et al., 2000). By adding this component to the wellness model, Myers et al. (2000) report that the concept of cultural identity incorporates acculturation, racial identity, and other aspects of one’s culture as it positively relates to well-being. As an evidence-based approach, this model has been validated numerous times and has helped with teaching CIT about wellness practices. It has evolved into a newer model called the Indivisible Self (Myers & Sweeny, 2004b), a more abstract model than the Wheel of Wellness that has more evidence to support its usefulness with assessments. Other methods used to address CIT wellness include the Wellness Cube Model (Foster, 2010) as an academic intervention to help CIT attend to their wellness in their counseling program and Sultan’s (2018) creative approach for enhancing CIT well-being through mindfulness practices and self-disclosing written tasks to promote self-care. Other researchers have demonstrated that biofeedback sessions (Chandler et al., 2001) and attending a specifically designed CIT
wellness counseling class (Ramey & Leibert, 2001) are effective methods for addressing CIT wellness. However, research still indicates CIT struggle to maintain wellness practices within the first year of a counseling program (Lenz et al., 2012; Prosek et al., 2013; Smith et al., 2007).

While researchers have developed various models, assessments, and inventories for aiding CE in promoting CIT wellness (e.g., The Wheel of Wellness by Myers et al., 2000; The Indivisible Self by Myers & Sweeney, 2004; The Five-Factor Wellness Inventory by Myers & Sweeney, 2005), none have used photography to explore how CIT understand and practice wellness. In the current study, we selected the Wheel of Wellness (Myers et al., 2000) over the updated version, the Indivisible Self, primarily due to the ease of communication and concrete 12 wellness areas identified for CIT to use in capturing photos. The Wheel of Wellness is simple in form and easy to categorize photographs per subtask or spoke.

Photography

In 2020, photographers attempted to capture the narrative of the pandemic as a visual representation of all the social, political, and economic issues (Rowell, 2020). Among these photos, viewers see people wearing masks, citizens protesting, families longingly looking through their windows, hospital staff struggling to save those infected and having difficulty to breathe, morgues overwhelmed with bodies of those who fell victim to the coronavirus, and pandemic-defiant flag-carrying Americans (Rowell, 2020). Photos can provoke strong emotional responses of anger, fear, and sadness (Weiser, 2001), which can cause individuals from various cultures viewing them to pause and reflect on their circumstances. Cultural expression and communication are also more readily available when an individual captures a photograph from their worldview that identifies their reality through a visual and enables them to use that photograph in communicating to others their cultural perspectives (Wang & Burris, 2016). These
photos serve as a visual medium for promoting reflection, self-discovery, and self-awareness. For example, to a person who has lost a loved one due to the coronavirus, viewing photos of bodies in morgues may trigger an emotional reaction of grief, fear, or anger, prompting them to reflect on those they lost and the circumstances around those losses. In turn, they may evaluate their safety practices and thoughts about their mortality. These reflections can aid in personal growth and self-awareness.

Photographs continue to be used on the internet and on various social media platforms and applications (i.e., Facebook, Instagram, TikTok) as a means for people to share individual worldviews with others (Loewenthal, 2013). They also can help people experience universality and feel connected by seeing they are not alone. Using photographs as a tool for self-reflection, connection, communication, and self-discovery can be therapeutic to the individuals who take the photos and those viewing them. Just as photographs are used as a method to communicate when words are insufficient, they also provide viewers the opportunity to engage in rich discussion and reflect on deeper meaning through self-awareness (Ginicola et al., 2012; Loewenthal, 2013; Schmidt et al., 2019; Stevens & Spears, 2009; Weiser, 2004). Taking photos for therapeutic purposes may be especially useful for individuals wanting to gain self-awareness by capturing their wellness practices in photographs. There are several photography tools available to assist in this endeavor that may also better aid CIT in their counseling program.

Photography Tools

Anyone who is physically able and has access to a camera or photo-taking device can use photography as a tool for self-help (Stevens & Spears, 2009; Weiser, 2004). However, individuals may miss out on their therapeutic capabilities without knowing how to use photography tools in an intentional, therapeutic way. There are four primary photography tools,
namely phototherapy, therapeutic photography, mindfulness photography, and photovoice, which are unique in how each can be applied therapeutically. First, phototherapy includes reviewing a photo with a trained counselor to discover emotions, deeper meanings, and reflections (Weiser, 2001). Second, therapeutic photography involves being intentional about capturing an image for self-discovery or self-exploration (Weiser, 2001). Third, mindfulness photography allows the act of taking the photo to help bring the individual into the present moment and be mindful about where they are, how they feel in the process, and the intention behind taking the photo (Sutton, 2021). Fourth, with photovoice, an individual takes a photo and writes a reflection on it to express and communicate what the photo means, which can serve as an advocacy tool and research method (Wang & Burris, 2016).

Phototherapy is defined as "the use of photography and personal snapshots within the framework of therapeutic practice" (Weiser, 2001, p. 11), meaning that counselors and clients can view a photo and discuss the more profound meaning, the emotions and thoughts provoked, and how it is perceived through different worldviews and realities (Weiser, 2001). Using phototherapy as a tool as part of the therapeutic process can help build rapport, reduce anxiety, and provide insight (Stevens & Spears, 2009, Weiser, 2001).

Therapeutic photography is when someone takes a photo for themselves for self-exploration, self-discovery, and personal growth (Weiser, 2001). Clients may find increased motivation and self-initiation by being intentional about the process of taking a photo. For example, by saying, "Today I am going to take a photo of something blue," the client is making a goal and seeking a blue item to capture. By following through and taking the photo, they benefit from the therapeutic aspects of growth and healing by being present and self-driven. We can review emotions in the same way. For example, they may say, "Today, I will take a picture of
something that brings me joy." They then might take a photo of their animal, a beautiful tree, or a family member. Taking a photo intentionally can be therapeutic to the individual as it may help promote motivation and capture values in physical or concrete formats. People using therapeutic photography are self-selecting their photos. The photos may provide a different perspective when they review them after they take a photograph intentionally rather than impulsively. Therapeutic photography is similar to mindfulness photography; however, it is unique as it does not require the individual to be mindful of being present or using mindfulness techniques.

Mindfulness photography is best described as "the art of capturing narrative in a single shot, halting and freezing time and, importantly, revealing how we see things" (Sutton, 2021, para. 13). Sutton (2021) supports how mindfulness improves well-being and demonstrates how photography can help individuals be intentional about what they are doing and seeing by being completely present. By combining mindfulness with the tool of capturing a photo, individuals can visualize how they were mindful and connected during the time they took the photo. For example, someone experiencing increased anxiety might pick up their photo-taking device and find something near them to take a picture that helps center and ground them in the present. By looking for something specific, such as something blue or something that brings them joy, they practice mindfulness and are present in the moment, reflecting on how they see things in-the-moment. It may also be helpful for the individual to view the photo later to help them reflect on the time captured in the photo where they were present and focused.

Photovoice is "a process by which people can identify, represent, and enhance their community through a specific photographic technique" (Wang & Burris, 2016, p.1). Photovoice can serve as a change agent for political, personal, or social issues by highlighting marginalization, oppression, or silenced groups in the political arena (Koltz et al., 2010; Stack &
Wang, 2018; Wang & Burris, 2016). Photovoice often is used as a qualitative research method involving participants taking photographs conveying their experiences with a particular topic. For example, regarding the pandemic, someone may be struggling to pay for food as they lost their job due to the pandemic or perhaps, they owned a private restaurant that lost business due to stay-at-home orders. They may take a photo of an empty refrigerator or perhaps a picture of a family member who lost a significant amount of weight due to a lack of food. That photo, paired with a reflection of life without food, can be used as an advocacy tool to show others their living circumstances and how it affects them. With photovoice, researchers can collect data on an individual’s cultural experience by using visual representations of events and participants’ experiences (Stack & Wang, 2019). Researchers can collect this data through a three-step process: (a) the participant captures the photo, (b) context or dialog around the photo is added, and (c) the photo and context are then coded (Koltz et al., 2010; Wang & Burris, 2016).

These four photography tools can be integrated into a multidimensional engagement process to provide individuals with opportunities to describe, discover, and provide perspective. With a focus or goal in mind, the intentional act of capturing photos engages the individual in finding, seeing, creating, and sharing one’s personal idiographic experiences. These tools when used in combination with wellness practices could help CIT and CE better enhance their overall wellness experiences.

**Arts-Based Research**

The philosophy behind arts-based research (ABR) is that it combines art with science on a continuum that allows for creative art to be used with social projects. It is a medium for expressing beliefs, concepts, political ideas, and other cultural information (Leavy, 2017). Leavy defines ABR as any expressive art form used for data collection and analysis: “Arts-based
research involves researchers in any discipline adapting the tenants of the creative arts in the research project. It could be for one phrase of the inquiry or the entire project” (Leavy & Kriukow, 2020, 2:05). Traditional qualitative research has used photography with “the researcher as the photographer” (p. 301) using a photo to elicit information and conduct interviews based on the participant viewing the photo; however, in ABR, the focus is not simply on the photographs taken by the researchers but also on the “photographs taken by participants” (Leavy, 2014, p. 381). For example, if researchers want to understand students' lived experiences in a school, they could request students create a work of art representing their lived school experience. Thus, the students’ art becomes the data expressing their school experience itself as “the creation of art is a part of data generation, and that art was analyzed and became a part of the research findings” (Leavy & Kriukow, 2020, 6:25). Furthermore, the approach of ABR is holistic. The method could apply to multiple disciplines by combining the tenants of creative arts, such as photography, with social research (Leavy, 2014).

Arts-based research, often called performative social science, was created through scientific or social practices mixed with artistic practice. This paradigm acknowledges that art can convey meaning, truth, and knowledge of oneself and others' awareness. There are various ways of learning through art, such as kinesthetic, imaginary, or sensory knowledge (Leavy, 2017). This approach uses aesthetics to draw on a person's emotions, perceptions, senses, and kinesthetic ways of knowing (Leavy, 2017). The ABR paradigm implements intersubjectivity as the relationship between the diverse types of arts and how we make meaning with nature and others. It is a holistic approach that connects the mind and body through the senses (Leavy, 2014). One drawback to using photographs as a part of research is subjectivity. Each person views photographs from their own perspective, meaning a researcher and participant will likely
have a different perception of what is happening in the photograph (Leavy, 2014). Patricia
Leavy (2014) wrote, “one of the difficulties in using photography as a research method is the
ambiguity that exist in photographs” (p.383). With this information, it is important to recognize
the potential limitations of using photography as an ABR method.

Through ABR, participants are encouraged to create knowledge through making, doing,
or experiencing art. The art is used in research to collect information and used for analysis to
promote a deeper understanding of the participant's worldview (Leavy, 2017). Visual arts have
"the capacity to promote defamiliarization, which is why it is a powerful tool for promoting
people to look at something in a new way" (Leavy, 2017, p. 209). This approach connects with
the present study to help explore how CIT viewed their wellness practices using an art medium
(photos).

In this study, the primary goal was to explore CIT wellness understanding and practices
by using photography tools to elucidate six spokes of the Wheel of Wellness. The following
research questions were explored: How do CIT identify wellness practices through their own
photographs? What wellness themes emerged from CIT photographs and reflections? What was
the experience of CIT in using these photography tools to understand their wellness practices?

Method

This study was designed to use participants’ photography experiences and their
subsequent descriptions and reflections as an art-based product to identify spokes of wellness
practices and CIT understanding of wellness. Participants used the Wheel of Wellness subtasks,
or spokes, to organize their wellness photos, descriptions, and reflections. The qualitative arts-
based research (ABR; Leavy, 2017) approach was well matched for the current study as it
provided a means for data collection and analysis of the participants’ feelings and perceptions
and served as a creative expression through self-created photographs related to their understanding of wellness practices.

**Utilization of Photography Methods**

In the current study, we explored CIT perceptions of their wellness practices during their first-year master’s level counseling program at a public university through the lens of photography. Using the Wheel of Wellness (Myers et al., 2000), CIT identified six out of the 12 spokes to be their primary focus. Self-selection of six, instead of assigning the full 12 spokes, provided space for each participant to identify which wellness spokes they gravitated toward and created a sense of moderation that was manageable. Using the set of four photography tools (therapeutic photography, mindfulness photography, photovoice, phototherapy), CIT took one photo per each of the self-selected six spokes on the Wheel of Wellness and completed a structured description and self-reflection activity. We included the four types of photography tools as a set to be performed step-by-step, which yielded more robust research findings than focusing on only one tool.

Through having a set goal, or intentional idea of an object to photograph reflective of a spoke from the Wheel of Wellness, CIT engaged in *therapeutic photography*. In this case, CIT chose a Wheel of Wellness spoke, such as nutrition, and intentionally sought out an object or scene representing nutrition for their photo of choice. Once they identified their target object to photograph, they practiced *mindfulness photography* by being intentional about their actions, seeing and being completely present with their target object. For instance, the CIT may have identified eggs as their nutrition spoke target object to be photographed; through therapeutic photography, they explored their environment and considered options to determine which eggs they wanted to photograph to best depict the nutrition spoke. With mindfulness photography,
CIT were mentally present as they considered and decided the angle, best lighting, scope, and distance from which to capture the photo. After taking the photo, the CIT engaged in the photovoice process by uploading the photograph to the Google Slide, identifying the associated Wellness Wheel spoke, and providing a written reflection through questions and prompts describing the wellness component and its meaning to them. Using phototherapy, CIT reflected on the photo, their feelings associated with the photography process, and described their wellness related to the process and photo. Phototherapy involved looking deeper into the intended target, the photography experience, and the photograph’s impact on them.

We obtained approval from the university Institutional Review Board (IRB) and Protection of Human Subjects in Clinical Trials to guide participant recruitment, data collection and analysis, and dissemination of findings. All information obtained from photos and written responses is and will remain confidential. We assigned participants a number to protect their identity and confidentiality. Bracketing occurred throughout the data analysis process to ensure findings reflected participants’ voices and to limit researcher bias, thoughts, beliefs, opinions, and feelings towards participants’ photographs and reflections to the questions/prompts. Leavy (2014) defined bracketing as “an attempt to place the common sense and scientific foreknowledge about the phenomena within parentheses in order to arrive at an unprejudiced description of the essence of the phenomena” (p. 23). Part of the current study’s bracketing process included the primary investigator (PI) taking notes alongside each set of questions to ensure she was identifying the themes accurately and keeping her thoughts on the statements separated. Another way we ensured validity was by color-coding each theme in each response to make sure the theme was present throughout each question and response. We analyzed the data and then requested another researcher to analyze the data by comparing the analysis findings and
to minimize researcher bias. After receiving feedback from the other researcher, we identified no identified differences in findings as the themes were color-coded and apparent to the PI and other researcher. This was a part of the bracketing process to ensure the trustworthiness of the findings.

**Participants**

In the current study, we obtained responses from 15 out of 21 (71%) first-year master’s level CIT at a large public university in the Southeastern United States in the summer of 2022, while the pandemic was still a concern for many. Of the 15 participants, 13 completed the demographics questionnaire (see Table 1). The researchers provided participants the option to click on multiple boxes instead of having a multiple-choice option. Each question included an additional box option where they could add their own categories if needed. Only two questions did not include the option to click on a box; the age and degree questions, in which participants had to type their responses. In a few cases, participants checked more than one box in some of the responses to meet their demographic descriptions. Of the 13 participants’ gender identity, 11 identified as “female/woman”; one identified as “agender”, “non-binary,” and typed in “genderqueer”; and one as “male.” Participants’ sexual orientation responses consisted of the following: seven Heterosexual, two Bisexual, one both Bisexual and Queer, one Asexual, one Questioning, and one-Other: Pansexual. Race and Ethnicity responses included 10 White, one identified both as Latino/x or Hispanic and White, one Arab-American, and one Multi-racial. The age range was 22-39 ($M = 26$; Med and Mode = 24). Only 12 responded to “relationship status” including five who were in a dating/serious relationship, four who identified as single, and three who identified as being married/partnered. Only five responses were received for any dependents - two identified as having two children, one typed in “my dog”, one identified as
having one other dependent (anyone who is financially dependent on the participant), and one identified as having no dependents. It is likely the eight participants that did not respond may not have had any dependents as there was not a box for “no dependents.”

All 13 participants who completed the demographics survey indicated having a bachelor’s degree with no other degrees. When asked if they had previous training in wellness, 11 indicated “yes” while the remaining two indicated “no.” All 13 participants identified as “Novice” on the photography experience item indicating they know how to take photos on various devices. No demographic data were provided by the remaining two participants out of the 15 that participated.

Recruitment

There were three rounds of recruitment for this study: introduction of the study in three different spring semester courses (yielded two participants who signed their informed consents in April), a follow-up email a month later (yielded two participants who signed their informed consents in May), and one faculty member’s incentive by exchanging study participation for one class assignment in a summer session course (yielded 11 participants who signed their informed consents in June). Once interested students read and signed informed consent forms, we provided them access to their secure Google Drive folder with detailed instructions on completing the study and recording their responses.

Workshop and The Wheel of Wellness Photos

During the online preparation workshop, we described the Wheel of Wellness, identified typical CIT wellness struggles based on previous research, explained the different photography tools, and shared our participation expectations (see Appendix B and I). We presented the Wheel of Wellness figure (see Appendix F) and described the 12 different spokes and how they relate to
individual wellness. Next, we described CIT wellness struggles in the first year of attending a counseling program regarding mental and physical health based on research findings. We then explained the different photography tools: phototherapy, therapeutic photography, mindfulness photography, and photovoice. We provided instructions with photo capturing device information (e.g., phone, tablet, camera) and photo editing. We instructed them on photograph inclusion: no identifying photographs of other people without their consent, no photographs of children, no items in the photograph that may reveal their identity, location or otherwise, no location that could be identified through Google maps, and only images that were “G-rated” (General Audiences). Last, we educated participants on the process of pairing the photography tools with their wellness practices using the Wheel of Wellness spokes (see Appendix G).

Participants took self-paced photos to represent their chosen “Wheel of Wellness” spokes. These photos helped to identify and represent the practices participants use in real life. They repeated this process until they had identified six different spokes that stood out to them and had taken one photo for each spoke. For each participant, we assigned a secure and confidential Google Drive folder (see Appendix E) using the University’s protected software that contained a private and individualized Word document that had a demographics survey link (see Appendix H) and a Google Slides link (see Appendix D). When they finished taking their six photographs, we instructed them to go to their Google Drive folder, complete the demographics link, and locate their private Google Slides link, which only they and the researchers could access. Participants followed the prompts on their Google Slide link, uploaded one photo to each slide, and answered the six questions next to each photo. We provided an example slide as a guide. Participation in the study concluded once they uploaded six photos and answered the six reflection questions for each photo on each slide.
In the PowerPoint presentation, each Google Slide listed the 12 Wheel of Wellness spokes and the following six reflection questions/prompts:

1. Describe which spoke you would place this photo under on the Wheel of Wellness and why.
2. How do you describe your wellness practices for this spoke after reflecting on your photo (consider strengths and weaknesses)?
3. Describe this photo and its meaning for you.
4. Describe your feelings related to this photo.
5. Describe your experience taking the photo of your wellness practice.
6. How has this process impacted you and generated awareness?

We facilitated an open discussion following the presentation to respond to questions and clarify their participation. During this discussion, we asked spot questions to assess their understanding of the process. Students indicated a complete understanding of their participation in the study.

**Data Collection**

In addition to the demographics survey, we included two forms of data collection: participants’ photographs paired with their answers to the six prompts on Google Slides and the themes identified in participants’ responses to each slide’s six prompts (a total of 36 responses per participant). In the first step of data collection, participants completed a demographics survey comprising of 10 questions. By answering these questions, participants added their demographic data before beginning the study.

The second step included participants uploading their chosen self-taken photograph and writing a description by answering questions/prompts about their photo. The photographs served
as a part of the process for utilizing photography in conjunction with their descriptions for ABR. By asking the participants to describe their photos there was less room for potential researcher bias or misperceptions as photographs are subjective. The participant who took the photo may view the photograph as one description whereas the researcher may view it as a different one. There was also ongoing bracketing during the coding process to ensure the themes found were from the data the participants provided and not assumptions from the researchers.

After participants completed the demographics data and the photographs and descriptions were uploaded and written, the final data collection was the identification of themes within the provided data. The data of themes from the individual participants’ slides and the data from the collective participants’ themes allowed researchers to create visual graphs depicting the findings.

**Data Analysis**

For each data set collected outside of the demographics, we conducted two primary cycles for coding: focused and open for the first cycle and axial for the second cycle (Saldaña, 2021). Open coding involved looking for themes within the data provided without a set focus on a particular theme. The second cycle, axial coding, involved finding themes within the themes found in the first cycle of focused and open coding. According to Saldaña (2021), coding qualitative research begins with descriptive (focused) coding, which includes the documents, artifacts, and other materials for the study through a term called the “first cycle coding” (p. 64). Focused coding involves placing themes or conceptual similarities into specific categories (Saldaña, 2021). During this process, qualitative researchers begin to identify themes. Saldaña (2021) defines “a theme is an outcome of coding, categorization, and analytic reflection, not something that is, in itself coded” (p. 175). Themes help researchers understand the meaning of a sentence or extended phrase. A theme can be abstract and bring meaning to a repeated
experience or pattern (Saldaña, 2021). Saldaña (2021) describes the process of “thematizing the data” (p. 257) as appropriate for researchers exploring phenomenology or understanding the participants’ emotional experiences.

We used focused coding for the first two questions/prompts to pair photographs with the Wheel of Wellness (WW) spokes. Participants used participatory coding as they categorized where they placed their photographs on the WW. For example, one student took a photo of their reported pet “dog” and categorized that photo as being in the sense of humor spoke of the WW on the first slide. On another slide, they took a photo of a succulent and placed it under the nutrition spoke on the WW. The coding is “participatory” as the participant, not the researcher, categorized their photos into the WW spokes. While all participants categorized their photos, it is considered “focused” coding since the researcher intentionally selected the WW for participants to use. Each participant placed their photos in the different categories until they had completed categorizing all six photos with their identified spokes through participatory coding. The second coding step in the first cycle of open coding consisted of exploring themes and frequency of themes based on the types of photographs each participant used, under which spokes they placed their photos, and the themes identified from their responses.

The last coding step (second cycle of coding) was “axial coding” (Saldaña, 2021), which consisted of using the themes from the focused and open coding cycle and identifying new themes for the remaining four questions on the Google Slides. For this process, I transferred the participants information from Colum “H” (the themes from the six slides) to the new document and reformatted from a vertical orientation to a juxtaposed horizontal format for ease of interpretation. I then further analyzed this information to gather themes, and the frequency of these themes, from that original data. In this step, we analyzed how CIT understood and felt
about their wellness practices. The focus on emotional experiences matches our exploration of CIT taking photos while developing their own wellness practices. This qualitative coding analysis helped inform the researchers how the photography tools influenced wellness understanding and/or practices and how the participants responded to this activity. It also helped clarify which spokes of wellness CIT gravitate towards and feelings about their wellness practices.

**Findings**

The findings of this study are reported through a description with a correlating tree graph for a visual representation of the themes found after the first author (primary researcher), completed the first (participatory/focus and open coding) and second (axial coding) cycles of coding. Findings from the first cycle of participatory coding are presented in Figure 1 (Appendix J). An example response for Emotional Awareness and Coping from P1 was,

This photo is of a place I go in my mind when I am mentally struggling. If I am ever triggered or having a flashback or panic attack, I go to this specific beach on the island my Grandmother lives on. It is a place where I am able to understand, explore, and accept my emotions. It’s how I cope and take care of my emotional wellness.

From this data collection, we learned that, out of 12 wellness spokes, CIT gravitated more toward Emotional Awareness and Coping ($n = 13$), Self-Care ($n = 12$), Stress Management ($n = 11$), and Sense of Humor ($n = 10$). Participant 3 listed one coping skill twice, causing the total responses to equal 89 instead of 90.

For questions two through six, I used open coding (analyzing individual responses and looking for themes) followed by axial coding (finding themes for all the participants in the individual themes). Starting with question two, the participants’ themes of perceived *strength*
were identified through 11 of the 12 spokes (see Appendix K - Figure 2). An example response from P1 was:

> My wellness practice for this spoke is one that occupies most of my wellness concern. It is one that I do not fully know how to address but this photo made me realize that I do have some tools for this. Having the creativity to go to a place like this is a strength. As the first photo, this does not address the core issue but is an escape.

The participants perceived *weaknesses* resulted in 17 themes in the following rank order: stress management; coping; nutrition; being unaware of wellness practices or neglecting wellness; creative expression, discipline, motivation, or avoidance of wellness; anxiety; self-care; emotional awareness; advocacy, people pleasing, dependence on others, sense of control, unrealistic beliefs; unworthy; exercise; cultural identity; neglecting others; humor as avoidance; avoidance of emotions; gender identity; and problem-solving. An example response from P4 for weakness was: “My stress management game is weak. I do not spend enough time in the mountains, recuperating from life.” This information clarified that this CIT had perceived to have more weaknesses than strengths regarding their wellness. The most frequently rated wellness strength was reported as Coping, while the most frequently reported weakness was Stress Management.

The prompt for item number three asked participants to “Describe this photo and its meaning for you.” Participants listed 14 different personal meanings with nature the most frequently used descriptor (see Appendix L- Figure 3). An example response from P8 to this question was,

> This is a photo of a little vase that I painted at my friend’s bachelorette weekend. It’s the last time I did something artistic and I remember feeling very relaxed while doing it. This
photo reminds me of how much I enjoy being creative and inspires me to engage with my creativity more.

Key findings from this question are that 12 out of 15 participants included nature as a part of their wellness practice as they chose to take a picture of nature in relation to their wellness.

The fourth prompt stated, “Describe your feelings related to this photo.” Based on the responses to this question, the researchers categorized the emotions into two groups: positive and negative (see Appendix M- Figure 4). The following themes indicated positive emotions rank order with most frequently identified first: 15 asserted that the photo made them feel calm, comfort, peace, or relaxed; 11 listed feeling happy; 10 listed feeling motivated (hopeful, inspired, optimistic, excited); nine listed feeling confident, proud, accomplished, empowered; seven listed feeling joy; five listed feeling in awe, loving; three listed feeling nostalgic, reflective; two listed feeling connected; and two listed feeling curious, intrigued. An example from P9 that indicated a positive emotional response was: “I felt so happy with life at that moment. It was a beautiful setting, where I met incredible people.”

The following themes suggested negative emotions: feeling sadness, sorrow, or grief when looking at their photo; feeling stressed and anxious; feeling disappointment in themselves; feeling frustrated at the neglect of their wellness practices and feeling ashamed when looking at the photo (see Appendix M- Figure 4). One participant’s (P6) answer is an example of a negative emotional response: “I felt disdain taking this picture. Taking the pic and reflecting on the experience made the loss of my practice and the hurt that I have felt in losing that practice more salient in my experience.”

A critical finding from this item is that there were far more positive than negative responses. One hundred percent of the participants indicated feeling comfortable, at peace, and
relaxed when asked about their feelings related to this photo. For 47% of participants, feelings related to this photo brought about sadness, sorrow, or grief as some of the items they were taking photographs of elicited strong emotions of pain. In contrast, others indicated negative feelings about not doing more for their wellness.

The number of responses for items five and six was too significant to fit into a tree graph, so a bar graph displays the data. These responses provide an understanding of CIT exploration of using the photography tools as a means of learning about their wellness practices and overall wellness understanding. These last two items speak about the participants’ experience using the photography tools and how it impacted them or brought about awareness.

The prompt for number five was: “Describe your experience taking the photo of your wellness practice.” Through axial coding, the most frequently discovered themes were having positive feelings toward taking the photo of their wellness practice, prompting reflection and focusing attention to wellness practice or lack of, and reminding/realizing the importance of wellness. Other themes in rank order were having positive feelings towards self, feeling anxious/stressed about taking the photo, having the photo for preservation or remembrance as a representation of wellness, finding it easy to take the photo, and having the experience prompted mindfulness (see Appendix N- Figure 5). An example response to this question from P15 was:

During this experience taking the photo, I realized how much these small cacti mean to me. They truly give me a reason to smile every time I enter my bedroom. Due to this, it made me realize that I need to take more time to enjoy these small things that make me so happy (and make efforts to go get more plants!).

Regarding their experience using the photography tools to capture their wellness practices, 100% of participants indicated having positive feelings towards taking the photo, with
33% indicating being challenged by not getting the photo the way they wanted it. Examples from P6 responses were,

I found that I had trouble getting the right angle to capture the light in a way that could portray my experience in that moment. I went off the beaten path to get the picture and that reminded me of how important it is to find my own path in life.

Another:

I could not really capture the chalk pictures in a light that really portrayed them for what they are. This made me think about how experiences can be portrayed in pictures, but they must really be lived to be remembered fully. I see this picture and remember the wholesome experience I had that day with my niece, but the picture just looks like messy sidewalk chalk.

For many, this experience prompted mindfulness, self-awareness, preservation of memories, and motivation to practice wellness more.

The last question on their Google Slides presentation asked, “How has this process impacted you, and generated awareness?” The findings from axial coding (finding themes within themes) were compared to their peers’ themes identified in the first cycle of coding, creating a narrower theme amongst participants. Responses were as follows: all 15 participants listed this process brought awareness, provoked thoughts and realizations and reflections on the importance of wellness practices; 14 listed this process provided motivation to practice wellness more, seven listed it provided positive emotions (i.e., pride, joy, encouragement, relaxation, confidence, mindfulness, etc.); four listed the process impacted their creativity with art and photographs; one listed it brought about mindfulness, and one listed feeling frustrated with themselves for
neglecting their wellness practices (see Appendix O- Figure 6). An example response from P15 to question six was:

Honestly, this process made me want to document my gym journey more with picture I can look back on. It generated a sense of proudness, reminding me that exercise is one of my main ways that I participate in “Wellness.”

The question explored how CIT awareness was impacted by combining photography tools with wellness. In responding to Question 6, 100% of participants indicated the overall experience heightened awareness as it sparked thoughts, generated realizations, and initiated reflections on the importance of their wellness practices. This awareness helped CIT identify their personal frustrations with not keeping up with their wellness, and their strengths in maintaining some of their wellness practices. Fourteen out of the 15 participants claimed it provided motivation to practice wellness more.

The key findings indicate that the use of the photography tools did promote motivation, inspire self-reflection and awareness, and, overall, were experienced positively by participants. Findings showed that, not only did CIT struggle to maintain their wellness practices, they also were unaware of some wellness practices. For example, one participant (P13) wrote on one of their slides, "I never thought of Problem Solving and Creativity as part of my overall wellness until I participated in this activity. I now understand how Problem Solving and Creativity made me feel good about myself.” Another (P13) wrote,

I never thought of my decision to plant lavender for our bees to be a wellness act until I realized how happy it made me feel to be providing nourishment for our bees. This broadened my perspective on what wellness can be for me in my life.
The findings suggest CIT are interested in being more aware of their wellness practices. Another interesting finding indicated that these CIT gravitated toward emotional awareness and coping as their primary wellness practice while also struggling with managing stress and anxiety. For most, being in nature helped them to feel more connected to themselves, while others found comfort in other forms of self-care, such as spending time with friends, animals, or working out at the gym. Through participating in this study, 100% of CIT indicated that using photography tools as a medium to gain an understanding of wellness practices provoked awareness and provided feelings of peace and comfort. All 15 participants indicated they felt relaxed while engaged in the experience of capturing their wellness practices through photography, and the process was an overall positive experience.

**Discussion**

A review of the literature on photography tools within counseling education research indicated it was scarce prior to this study. Furthermore, the literature on pairing the use of photography tools to aid in wellness awareness for CIT was virtually nonexistent. After reviewing the findings of this study, the applications of photography use to aid in CIT wellness understanding and practices demonstrate the usefulness of incorporating this as an additional educational tool.

The purpose of this study was to explore the impact of expressive arts for understanding and supporting CIT wellness practices by using photography tools, such as phototherapy, therapeutic photography, mindfulness photography, and photovoice with the following three questions: How do CIT identify wellness practices through photographs? What wellness themes emerge from CIT photographs and reflections? What is the experience of CIT in using these photography tools to understand their wellness practices? The findings provide data that respond...
to each of the research questions. For the first question, CIT identified their wellness practices by selecting six spokes from the WW of which to take a photograph. When identifying these practices, they shared their strengths and weaknesses. Findings indicated they described their wellness experiences in terms of weaknesses more than strengths. For the second question, each slide provided insights. Slide one findings suggest that CIT identified most with Emotional Awareness and Coping compared to all other wellness spokes. Slide two findings indicated CIT identified more weaknesses regarding their wellness practices than strengths. Slide three findings indicated CIT identified nature as their primary photo description more than any other photo description. Slide four findings indicated CIT reported having more positive feelings overall toward their photographs than negative feelings. Slide five findings indicated CIT reported having an overall positive experience using the four photography tools and the activity promoted reflections and awareness of their wellness. Lastly, slide six findings indicated CIT reported the experience of taking a photograph of their wellness practice brought about awareness, provoked thoughts and realizations, and reflections on the importance of wellness practices. The third question findings indicated that 100% of participants identified that the experience heightened awareness as it sparked thoughts, generated realizations, and initiated reflections on the importance of their wellness practices. Fourteen of the 15 participants indicated this experience provided motivation to practice wellness more.

Using photography tools to promote wellness helped CIT understand their limits regarding their wellness practices (e.g., neglecting to take time to perform wellness tasks, forgetting to do them, prioritizing other tasks over their self-care) and inspired and motivated them to be more proactive in taking care of themselves. The findings also substantiated previous research on the number of challenges and struggles CIT have with managing stress and anxiety
An interesting finding from the present study was the inclusion of expressive art therapy, photography, and the impacts on CIT self-awareness and motivation. Counselors in training responses suggest the use of photography, as one expressive art therapy’s approach to expand creative learning and wellness, is an effective wellness, learning, and teaching strategy.

This study adds tools CIT can use to not only help themselves better understand their wellness practices but a tool they can pass on to their future clients to possibly help them better navigate their understanding of wellness practices. It also provides insight into how CE can use ABT (i.e., photography) to better connect students to their wellness understandings and practices. Furthermore, the benefits of promoting self-awareness towards wellness practices can help aid in preventing burnout (Lawson, 2007) and help better navigate both the physical and mental health issues that impact their overall well-being (Abel et al., 2012; Lenz et al., 2012; Prosek et al., 2013; Schmidt et al., 2019; Smith et al., 2007), especially during the post-pandemic times we are currently in and associated increased wellness issues (Harrichand et al., 2021; Kaslow, 2020; Salameh, 2020).

Implications

Study findings are informative as they can be used as foundational guidance for future implications with not only CIT but also CE and clients. Introducing photography tools into counseling programs and pairing them with already established wellness curriculum could prompt or inspire future researchers to find other ways to include creative methods for teaching, self-discovery, or illicit awareness in other counseling areas. These findings also provide insight into the real struggles CIT experience with their mental health and ways they can be addressed.
Counselors-in-Training/Future Counselors

In this study, CIT expressed the benefits of using photography to capture their wellness practices through provoking awareness, inspiring motivation to practice more, and reminding them of the importance of self-care. By engaging in this self-discovery process of using photography to promote wellness, per the findings indicated in this study, CIT may be more motivated to live a life that is healthier overall for them, which may deter them from experiencing burnout at a faster rate (Lawson, 2007; Harrichand et al., 2021), help them be more aware of what their mind and body’s needs are, and potentially help them better understand areas in which their clients may also need assistance. As future counselors, they will be working under the foundation of wellness, as wellness is considered an integral part of the counseling profession (Kaplan et al., 2014). Through leaning into wellness practices with a creative approach, such as photography, CIT will be able to capture how they identify the significance of wellness in their lives and be able to gain insight into how it is useful for their clients.

In the future, CIT may want to engage their clients in the four photography tools to see which tools are most effective for them. There are multiple research articles on the benefits of therapeutic photography and phototherapy (Weiser, 2001), photovoice (Wang & Burris, 2016), and mindfulness photography (Sutton, 2021); however, there is little to no research on combining the photography tools in addressing wellness with clients in the counseling profession. CIT may also be interested in seeing how social media platforms use photographs to elicit wellness, or if there is a way to combine social media with photography tools and wellness for the general population, or if an application could be developed to help engage CIT in wellness practices. With the current study’s findings, the possibility of expansion for future
research could prove beneficial in a number of unexplored ways that CIT can use moving forward.

**Counselor-Educators**

Researchers have indicated how challenging being a CIT can be (Patterson & Levitt, 2012; Schmidt et al., 2019; Smith et al., 2007). Given the multitude of issues placed on CIT and the struggles they face in maintaining their personal wellness, especially during a pandemic (Harrichand et al., 2021; Kaslow, 2020; Salameh, 2020), it is important to continue searching for new tools to better engage CIT to increase wellness understanding and practices. Many tools have been created over the years to help CE assess CIT wellness practices, engage CIT in wellness exercises, and teach CIT about the benefits of maintaining wellness (Branco & Patton-Scott, 2020; Lawson, 2011; Meany-Walen, 2016; Myers & Sweeney, 2000; Roach, 2007). However, CIT have continued to struggle in this area per the findings of this study and others (Abel et al., 2012; Lenz et al., 2012; Prosek et al., 2013; Schmidt et al., 2019; Smith et al., 2007). With the addition of expressive therapies and visual mediums of expression, photography could be an additional creative tool CE can add to their toolbox to better engage CIT in their understanding of wellness and to serve as a self-discovery instrument for their students.

Counselor educators may be interested in having multiple learning opportunities to better serve their students. Initially, CE will need to be trained in understanding the uses of the different photography tools. They will also need training on how to implement the photography tools with the WW. By teaching about photography tools, such as therapeutic photography, mindfulness photography, phototherapy, and photovoice, CE provide new tools to students that might engage them in a way that traditional lectures or assessments may not. These tools, which only require access and ability to taking photographs with a photo-taking device and potentially a computer,
can be used by CE themselves to help promote modeling behaviors for CIT and help CIT better assist their clients. When wellness declines, a plethora of both mental and physical symptoms follow (Harrichand et al., 2021; Kaslow, 2020; Neviyarni et al., 2018). To help build a stronger educational program, we encourage CE to engage in more creative approaches to better connect with their students. They can implement this process within their courses or include it in an extracurricular wellness project with their students to ensure a better understanding and practice of wellness.

**Future Researchers**

The data from this study provide a foundation for future research that include the different types of photography tools and wellness practices. Future researchers may want to investigate the likelihood of CIT continuing the use of these photography tools after the original assignment. They could explore the differences between each of the four photography tools in application to wellness practices. Research might also include the effects of these tools with CE or with CIT clients. There could also be interesting findings on the openness CIT have in using expressive therapies to help serve as self-exploration of their wellness practices. Another research idea may include replicating and stretching this project out over the course of the semester. If doing so, it may promote more habits of practicing wellness instead of doing them as a one-time experience. While our goal was to explore CIT wellness practices using four photography tools, future opportunities can expand on the data collected in this study. Lastly, future researchers are encouraged to replicate this study in their counseling programs to explore how populations differ depending on demographic or geographic areas.
Limitations

Using the four photography tools has shown to be useful in developing a better understanding of CIT wellness knowledge and practices; however, there are still some limitations that need to be addressed. This study was limited in terms of population as the participants were from a relatively small group of CIT from one university. Future studies could solicit participation from various universities and programs. Findings may differ if a larger, more diverse sample size is obtained. In addition, some CIT may not have the same resources with access to a digital camera, camera phone, or computer.

In this study, the participants were first recruited without incentive, and only two responded. However, when participants received an incentive, being an alternative class assignment, significantly more CIT participated. Other forms of incentive could be CE granting extra credit should a student wish to do an already established assignment with the addition of adding photography tools or be incentivized by getting a free day out of class, or CE can have a free class period where instead of getting a lecture they get to do something the class decides on collectively. Similarly, students may be incentivized by receiving monetary compensation such as food or gift cards, which is recommended by most human subjects committees (Leavy, 2014). While the need to provide adequate incentives to solicit study participation is well established, Grant (2017) warns of the ethical ramifications of using incentives as they can be exploitative and potentially manipulative. CE and researchers may benefit from being reminded that not everyone shares the enthusiasm we have for our work and research so incentives are likely needed to increase engagement and participation. Likewise, researchers may benefit from a similar reminder. Furthermore, there is no data from this study on why the other students did not choose to participate, which may lead to a self-selection bias. Another limitation may be that the
time commitment for this study was not expressed, nor was a pilot study conducted to measure the time it would take to complete this study. Future researchers may explore participation based on the amount of time it may take them to complete the study and how time impacts recruitment. If CE were to incorporate this experience in their courses, they may consider setting a time frame for students rather than leaving it up to the student to manage.

While the literature already speaks about how much CIT are struggling with anxiety and depression (Prosek et al., 2013), the pressures of academic and programmatic expectations, financial difficulties, or physical issues (Abel et al., 2012; Lenz et al., 2012; Prosek et al., 2013), the participants in this study had the added pressure of navigating increased stressors related to the pandemic (Harrichand et al., 2021). Due to these overwhelming struggles, CIT may have been less likely to participate.

There is also a real possibility that some CIT may not be drawn, interested, or inclined to practice creative approaches with the use of photography. This study indicated at least five participants felt challenged when attempting to capture the photograph as they were concerned with getting the lighting a certain way, getting the photo in focus, fearing judgment of their photo, and feeling unsure of the position of the photo any of which could create stress about taking the photo or disappointment about the findings. For example, one participant reported, “I found that I had trouble getting the right angle to capture the light in a way that could portray my experience in that moment.” That same participant also reported on another slide: “I could not really capture the chalk pictures in a light that really portrayed them for what they are.” Another participant wrote it “almost felt wrong” to not want to interrupt the moment with a photograph. One felt anxious taking the photo due to fear of judgment while another reported feeling unsure of the position of the photo. This may be an indicator of potential anxiety or stress that may
come from making this tool mandatory versus voluntary. However, this also may provide motivation for another future study on anxiety towards capturing photographs and how CIT may experience fear of judgment from being exposed through their photography skills. Another potential limitation may be time management as CE often have the immense struggle of not having enough time to incorporate course content, current issues, and effective counseling practices, CIT need to be successful counselors. Other limitations may be on those who are unable to participate in the experience, for example, if they struggle with vision or with technology.

**Conclusion**

Researchers in this study used an arts-based qualitative research method (Leavy, 2017) while incorporating a creative data collection method of phototherapy, therapeutic photography (Weiser, 2001), photovoice (Wang & Burris, 2016), and mindfulness photography (Sutton, 2021). We chose to incorporate these methods due to the lack of research available in the counselor education literature on using photography as a means to help explore CIT wellness practices and understandings. Documenting self-discovery of their wellness practices helped CIT and researchers better understand wellness practices for this group of participants. The resulting photographs and responses to their photographs provided robust information on ways to include focused and creative approaches in discussions with CIT about wellness. The findings indicated that CIT had positive experiences when pairing the four photography tools with the spokes on the Wheel of Wellness that promoted motivation, elicited self-reflection, and built an understanding of different types of wellness practices.
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Appendices

Appendix A- Recruitment Email:

Hello,

My name is Charaya Upton, and I am a doctoral candidate in the Counselor Education and Supervision program. I am currently looking for participants to participate in my dissertation study on understanding how photography impacts wellness understanding and practices for counselors in training (CIT).

Abstract

Wellness is the cornerstone of counseling and is often difficult to practice, especially for beginning counselors-in-training (CIT) who may not fully understand or achieve wellness. It has become essential to prepare and educate CIT on wellness to reinforce wellness practices during their academic journey and beyond. Counselor educators (CE) have used wellness models and assessments to assist in these educational tasks; however, wellness practices continue to decline for both CIT and practicing counselors (Abel et al., 2012; Lawson, 2007; Lenz et al., 2012; Prosek et al., 2013; Schmidt et al., 2019; Smith et al., 2007). In this manuscript, we will review an alternative method for exploring wellness of CIT using photography tools, such as phototherapy, therapeutic and mindfulness photography, and photovoice. We will encourage CIT to apply these different tools through a qualitative arts-based research approach (ABR) emphasizing photovoice (which incorporates the other tools of photography if done so intentionally). The photos taken will be paired with the Wheel of Wellness spokes to explore if they aid CIT wellness understanding and practices. We will use photography tools to explore CIT experiences with photography as a creative and alternative method for engaging CIT in wellness-focused practices. This is an arts-based research study to determine the efficacy of photography tools to support CIT wellness practices.

If you are interested in being a part of this research study, please reach out to me at cupton4@vols.utk.edu to sign up. At this workshop, I will teach about the different tools within photography, give a brief overview of expressive therapies and wellness, and demonstrate a link between expressive therapies, photography, and wellness. I will discuss CIT hardships during their first year in a counseling program and ways to improve wellness knowledge and practices. Participants in this workshop will be able to identify the definition of wellness according to Myers and Sweeny. They will learn about the Wheel of Wellness and how this Wheel will be applied to photography concepts through a photo-voice qualitative arts-based research (ABR) approach for my dissertation.

This study is estimated to take up to 2 weeks. It will include one training workshop, a private, secure google drive photo where participants can upload their photos paired with a spoke on the Wheel of Wellness and a reflection on the experience.

I look forward to hearing back from you on possible participation interests!

~Warmly, Charaya Upton
Appendix B-Workshop PowerPoint

https://drive.google.com/file/d/15E82i63RqroCXQAs_3D_58sD8iv-uFXL/view?usp=sharing
Appendix C- Informed Consent
Information and Consent Form

Title: Counselors-in-Training Wellness Practices Through the Lens of Photography

Investigators:
Charaya Upton, LPC-MHSP, NCC; 865-214-7244, cupton4@vols.utk.edu
Joel F. Diambra, jdiambra@utk.edu, 865 974-8774, 448 Claxton Complex, EPC, CEHHS, UTK, 1122 Volunteer Blvd., Knoxville, TN 37996-3452

Dear Potential Research Participant:

My name is Charaya Upton and I am a doctoral candidate at the University of Tennessee Knoxville. I am conducting a research study as part of my doctoral program in Counselor Education and Supervision.

Description: The purpose of the current study is to examine photography as an alternative wellness tool for counselor educators. Participants will be asked to attend a training workshop where they will learn about different photography tools such as phototherapy, therapeutic photography, mindfulness photography and photovoice. They will also learn about wellness as defined by Myers and Sweeney, and the graphic of the Wheel of Wellness.

- After signing this informed consent, participants will have a secure google drive folder through the University of TN Knoxville assigned to them. In this folder, participants will have access to 6 pre-filled Google Slides. This will be the primary data collection for this study.
- Following the training workshop, participants will be asked to take a photo that reflects a spoke on the Wheel of Wellness. Participants are encouraged to take up to 6 photos with 6 different spokes.
  - Spokes include the following categories: Gender Identity, Cultural Identity, Sense of Worth, Sense of Control, Realistic Beliefs, Emotional Awareness and Coping, Problem Solving and Creativity, Sense of Humor, Nutrition, Exercise, Self-Care, and Stress Management.
- They will have 2 weeks to complete this part of the study.

Example Slide:
Risks/Benefits: There are no foreseeable serious risks involved in participating in this study. The entire study will last 2 weeks with photos being captured and uploaded at participants' leisure. All data collection of photos and reflections will be analyzed and coded for themes. Findings of the study will be presented during the dissertation defense, which is open to the public, once findings have been analyzed and interpreted. The primary benefit of this research is adding to the further understanding of how photography may be an additional learning tool for CIT in understanding and practicing wellness. The benefits include helping CIT develop more self-awareness and insight into their wellness practices and provide them with resources to later help potential clients on their wellness practices and understanding.

Voluntary Participation and Right to Withdraw: I will be available to answer any questions during this study. In addition, you are free to stop participating at any point without any penalty or repercussions. Your participation in this research is completely voluntary.

Confidentiality: The findings of this study will be analyzed by the primary investigator and coded in accordance with qualitative research ethical coding and analysis with approval from the Institutional Review Board (IRB) and Protection of Human Subjects in Clinical Trials. All information obtained (evaluation, photos, reflections) will be confidential. Participants will be able to choose a code name or have one assigned to them to prevent from outside parties being able to identify them in this research study. Your name will only appear on this consent form and will not be identified in future publications of this study.

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact: Institutional Review Board

The University of Tennessee, Knoxville
1534 White Avenue
Blount Hall, Room 408
Knoxville, TN 37996-1529
Phone: 865-974-7697
Email: utkirb@utk.edu
Please contact Charaya Upton LPC-MHSP, NCC at 931-265-4579 or at cupton4@vols.utk.edu for further questions or for the findings of this study once it has been completed.

**Consent:** I have read this statement and agree to participate in the research under the conditions presented.

________________________________________  __________________
Participant’s Signature                              Date
Appendix D - Google Drive Folder
Appendix E - Google Drive Slides

https://docs.google.com/presentation/d/1IhxmpH1OZLZRBj4lg2PNuQuFSQELpGL2-IYEbJaIm2M/edit?usp=sharing
Appendix F - Wheel of Wellness

Wheel of Wellness

The Wheel of Wellness - re-print

“Permission for Use of the Five Factor Wellness Inventory (5F-WEL) and Wellness Model (ISWEL)
Dr. Thomas J. Sweeney grants you permission to use The Wheel of Wellness Model and the Indivisible Self: An Evidenced Based Model of Wellness) including reference and description of their component factors as a part of your doctoral dissertation and subsequent publication in professional journals with appropriate citations”
Appendix G – Table 1

Table 1

Demographic Responses Note: \( n = \) total number of participant responses per category.

<table>
<thead>
<tr>
<th>Question Categories</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female/woman</td>
<td>11</td>
</tr>
<tr>
<td>Agender, Non-Binary, Genderqueer</td>
<td>1</td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>7</td>
</tr>
<tr>
<td>Bisexual</td>
<td>2</td>
</tr>
<tr>
<td>Bisexual and Queer</td>
<td>1</td>
</tr>
<tr>
<td>Asexual</td>
<td>1</td>
</tr>
<tr>
<td>Questioning</td>
<td>1</td>
</tr>
<tr>
<td>Other: Pansexual</td>
<td>1</td>
</tr>
<tr>
<td><strong>Age Range</strong></td>
<td></td>
</tr>
<tr>
<td>22-39 (( M = 26; \text{Med and Mode} = 24 ))</td>
<td>13</td>
</tr>
<tr>
<td><strong>Race and Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>10</td>
</tr>
<tr>
<td>Both Latino/x or Hispanic and White</td>
<td>1</td>
</tr>
<tr>
<td>Arab-American</td>
<td>1</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>1</td>
</tr>
<tr>
<td><strong>Relationship Status</strong></td>
<td></td>
</tr>
<tr>
<td>Dating/serious relationship</td>
<td>5</td>
</tr>
<tr>
<td>Single</td>
<td>4</td>
</tr>
<tr>
<td>Married/partnered</td>
<td>3</td>
</tr>
<tr>
<td><strong>Dependents</strong></td>
<td></td>
</tr>
<tr>
<td>Two Children</td>
<td>2</td>
</tr>
<tr>
<td>My dog</td>
<td>1</td>
</tr>
<tr>
<td>Other dependents (anyone who is financially dependent on you)</td>
<td>1</td>
</tr>
<tr>
<td>Other: Typed in “No dependents.”</td>
<td>8</td>
</tr>
<tr>
<td>Unanswered: Possible no dependents (no box for “no dependents”)</td>
<td></td>
</tr>
<tr>
<td><strong>Highest Degree Earned</strong></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>13</td>
</tr>
<tr>
<td><strong>Last Obtained Degree</strong></td>
<td></td>
</tr>
<tr>
<td>15 years prior</td>
<td>1</td>
</tr>
<tr>
<td>Four years prior</td>
<td>2</td>
</tr>
<tr>
<td>Three years prior</td>
<td>2</td>
</tr>
<tr>
<td>Two years prior</td>
<td>4</td>
</tr>
<tr>
<td>One year prior</td>
<td>4</td>
</tr>
<tr>
<td><strong>Wellness Training</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td><strong>Photography Skills</strong></td>
<td></td>
</tr>
<tr>
<td>Novice (I know how to take photos on various devices)</td>
<td>13</td>
</tr>
</tbody>
</table>
Appendix H- Demographics Link

https://forms.gle/jA1HjpngHGUS4hJ26
Appendix I- Table 2

Table 2

*Study Steps for Participants*

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Attend the study workshop and take part in an open discussion to evaluate their understanding of their participation.</td>
</tr>
<tr>
<td>2.</td>
<td>Read, sign (or not), and submit informed consent to the researcher.</td>
</tr>
<tr>
<td>3.</td>
<td>Be given access to a secure and individually assigned Google Drive folder by the investigator where they will locate their private Google Slides link. (Google drive will have individual folders for participants listed in numbers- for example, there will be a folder titled Participant 1 and Participant 2 and so on. Participants will only have access to their Google Drive folder. In this folder they will find the Google Slides link.)</td>
</tr>
<tr>
<td>4.</td>
<td>Receive permission from the primary researcher to make edits allowing them to upload their photographs and answer reflection questions/prompts in a secure Google Slides link (only the participant and primary researcher will have access to information shared on their Google Slides)</td>
</tr>
<tr>
<td>5.</td>
<td>Pair each photo with the one corresponding Wellness Wheel spoke. They will choose six different spokes out of the 12 listed on The Wheel of Wellness.</td>
</tr>
<tr>
<td>6.</td>
<td>Upload photos and answer reflection questions/prompts for each photo following prompts on the Google Slides (see appendix E-Google Drive Slides) within the 2-week allotted period.</td>
</tr>
</tbody>
</table>
Appendix J-Figure 1

Figure 1

*Wellness Spokes Chosen by CIT*

*Note: Participants’ prompt: Describe which spoke you would place this photo under on the Wheel of Wellness and why.*
Appendix K - Figure 2

Figure 2

Wellness Practices

*Note:* Participants’ question: How do you describe your wellness practices for this spoke after reflecting on your photo (consider strengths and weaknesses)?
Figure 3

Photo Description

Note: Prompt 3: Describe this photo and its meaning for you.
Appendix M- Figure 4

**Figure 4**

*Feelings Associated with the Photo*

*Note:* Participants’ prompt: Describe your feelings related to this photo.
Appendix N- Figure 5

**Figure 5**

*Experience*

*Note:* Participants’ prompt: Describe your experience taking the photo of your wellness practice.
Figure 6

Awareness/Impact

Note: Participants’ prompt: How has this process impacted you, and generated awareness?
Conclusion

Counselors-in-training are struggling with a myriad of problems from physical and mental health symptoms in their first-year in a master’s level counseling program. Counselor educators and researchers have invested time and energy into adequately preparing CIT in the importance of wellness practices, however per the results in the current, they continue to struggle in both understanding what wellness practices are and using them. Through incorporating alternative methods of photography tools to address these wellness concerns, CIT were found to gain increased motivation and understanding of their wellness practices. Photography tools such as of phototherapy, therapeutic photography (Weiser, 2001), photovoice (Wang & Burris, 2016), and mindfulness photography (Sutton, 2021) were used to help CIT explore their wellness practices and were effective in promoting awareness. More insight was gained by both CIT and researchers in this study of how CIT can utilize these creative methods for engaging learning and motivation geared towards improving wellness activity, that ultimately will potentially prevent burnout. Through our study, the results indicated the experience of pairing the Wheel of Wellness with the four photography tools helped CIT with awareness and was an overall experience.
VITA

Charaya Upton is a Licensed Professional Counselor Mental Health Service Provider (LPC-MHSP) who is also a National Board Certified Counselor. She specializes in couples therapy with a certificate in level 3 Gottman training and is pursuing certification in the Gottman Method. She current owns her own private practice; Colorful Reflections Counseling, PLLC, and has a full caseload ranging from ages 5-65 with varying diagnoses. As a clinical mental health counselor, she has strived to provide the most optimal care of her clients. In her work at a psychiatric hospital she recognized a flawed system where clients were not able to get the follow up care they needed due to a lack of follow-up providers. Due to the increased concern of many clients needing services and not being able to receive services due to lack of providers, she made it her mission to obtain a PhD in Counselor Education and Supervision to help recruit and promote the counseling profession in efforts to better serve our communities.

In addition to her within the counseling profession, she is also a professional photographer. It is the love of photography and her learning style of processing things faster through visual methods that has inspired the connection of combining photography with counseling. Once discovering the ways photography has been used to help work with clients, she was inspired to bring the visual format of photography to help promote counseling students overall wellness. It is her life passion to continue serving the community through continuing her search for methods and techniques to better aid clients, while also helping to promote the counseling profession through teaching future counselors.